

RECEIVED BY P. O. BOX 2088 SANTA FE, NEW MEXICO 87501 AL 08 1985		O. C. D. REQUEST FOR ALLOWABLE ARTESIA, OFFICE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
Operator PHILLIPS PETROLEUM COMPANY			
Address 4001 Penbrook Odessa, Texas 79762			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>	Changed from Phillips Oil Company August 1, 1985	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of ownership give name and address of previous owner PHILLIPS OIL COMPANY 4001 Penbrook Odessa, Texas 79762			
DESCRIPTION OF WELL AND LEASE			
Lease Name Green A	Well No. 3	Pool Name, including Formation Undesignated Abo	Kind of Lease State, Federal or Fee Federal
Location Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East Line of Section 29 Township 17-S Range 29 E , NMPM, Eddy Count			
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company - Trucks		Address (Give address to which approved copy of this form is to be sent) P. O. Box 159 Artesia, New Mexico 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Western Gas Interstate Company		Address (Give address to which approved copy of this form is to be sent) P. O. Box 26400 Albuquerque, New Mexico 87125	
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 29	Is gas actually connected? When NO
If this production is commingled with that from any other lease or pool, give commingling order number:			
COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well
	Workover	Deepen	Plug Back
	Same Res'v.	Diff. Re	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Post ID-3
			8-9-85
			Chg Op Name
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead oil and must be equal to or exceed top a ble for this depth or be for full 24 hours)			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puar, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLIANCE			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			
Oil Conservation Division			
APPROVED AUG 8 1985			
BY ORIGINAL SIGNED BY LARRY BROOKS GEOLOGIST - NMOCD			
TITLE			
This form is to be filed in compliance with RULE 1104.			
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devi tests taken on the well in accordance with RULE 111.			
All sections of this form must be filled out completely for a able on new and recompleted wells.			
Fill out only Sections I, II, III, and VI for changes of o well name or number, or transporter, or other such change of cond.			
Separate Forms C-104 must be filed for each pool in mul			