

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

AUG 16 1983

REQUEST FOR ALLOWABLE O. C. D.  
AND  
ARTESIA OFFICE  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS API #30-015-24485

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	
FILE	
M.S.D.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

Operator  
Phillips Oil Company ✓Address  
Room 401, 4001 Penbrook Street, Odessa, Texas 79762

Reason(s) for filing (Check proper box)

New Well ☒  
Recompletion ☐  
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Illinois Camp A COM	Well No. 1	Pool Name, including Formation Empire Penn	Kind of Lease State, Federal, or XXXX	Lease No. E7179
Location Unit Letter <u>E</u> : 1980 Feet From The <u>north</u> Line and <u>990</u> Feet From The <u>west</u> Line of Section <u>5</u> Township <u>18-S</u> Range <u>28-E</u> NMPM, <u>Eddy</u> County				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Phillips Pet. Co. - Trucks</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 Penbrook St. Odessa TX 79762</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Phillips Pet. Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 Penbrook St. Odessa TX 79762</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>5</u>
	Twp. <u>18</u>	Rge. <u>28</u>
	Is gas actually connected? <u>yes</u>	When <u>1-26-84</u>

If this production is commingled with that from any other lease or pool, give commingling order number:

## V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
		X	X					
Date Spudded 5-28-83	Date Compl. Ready to Prod. 8-10-83	Total Depth 10450	P.B.T.D. 10401					
Elevations (DF, RAB, RT, CR, etc.) 2667'DF, 2654'Gr	Name of Producing Formation Morrow	Top Oil/Gas Pay <del>10005</del> <u>10,070</u>	Tubing Depth 9922					
Perforations 10070-75', 10172-84'	Depth Casing Shoe 10450							

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	663'	650sx C lass C. Circ 195sx
11"	8 5/8"	4000'	600sx C lass C. Circ 300sx
7 7/8"	5 1/2"	10450"	2007sx C LHw/add. Temp TOC 4040'
	<u>2 7/8</u>	<u>9922</u>	

## VI. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

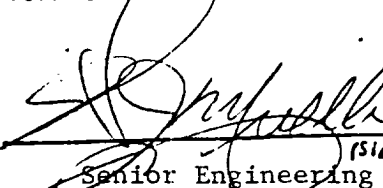
Date First New Oil Run To Tanks ---	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size <u>Post TD-2</u> <u>8-19-83</u> <u>Comp &amp; PK</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

## GAS WELL Form C-122 fwd separate cover 8-15-83

Actual Prod. Test-MCF/D CAOF 24 hrs <u>40F 2611</u>	Length of Test	Bbls. Condensate/MMCF 119 BC	Gravity of Condensate 53
Testing Method (prior, back pr.) BP	Tubing Pressure (Shut-in) 2879	Casing Pressure (Shut-in) pkr	Choke Size 1 1/2" orifice

## VII. 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.

  
W. J. Mueller  
(Signature)  
Senior Engineering Specialist

8-15-83

(Title)

## OIL CONSERVATION DIVISION

APPROVED FEB 16 1984, 19Original Signed By  
BY Leslie A. Clements  
Supervisor District IIThis form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.