

P. O. BOX 2088 SANTA FE, NEW MEXICO 87 1						
RECEIVED BY AUG 08 1985 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS ARTESIA OFFICE						
PHILLIPS PETROLEUM COMPANY						
Address 4001 Penbrook Odessa, Texas 79762						
Reason(s) for filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Recompletion <input type="checkbox"/> Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Change in Ownership <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/>						
Other (Please explain) Changed from Phillips Oil Company August 1, 1985						
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 Rocky	Well No. 1	Pool Name, including Formation Wildcat (Yes) <input checked="" type="checkbox"/>	Kind of Lease State, Federal or Fee Federal	NM Lease No. 0512116		
Location Unit Letter I : 1980 Feet From The south Line and 990 Feet From The east Line of Section 4 Township 22 S Range 22 E , NMPM, Eddy County						
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Phillips Petroleum Company - Trucks		Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook Odessa, Texas 79762				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Undedicated		Address (Give address to which approved copy of this form is to be sent)				
Is well produces oil or liquids, give location of tanks.	Unit I	Sec. 4	Twp. 22S	Rge. 22E	Is gas actually connected? NO	When
If this production is commingled with that from any other lease or pool, give commingling order number:						
COMPLETION DATA						
Designate Type of Completion - (X) <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Re						
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.	
Elevations (DF, RKB, RT, GR, 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	
					Past 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 load oil and must be equal to or exceed top 6' able 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 (para, 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.						
A. L. Rose (Signature) G. L. Rose (Title) Controller August 1, 1985 (Date)						
OIL CONSERVATION DIVISION AUG 8 1985 APPROVED _____, 19____ BY _____ ORIGINAL SIGNED BY LARRY BROOKS GEOLOGIST - NMOC 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 dev 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 oil well name or number, or transporter, or other such change of cond Separate Form C-104 must be filled for each pool in mul						