

DATE OF RECEIPT	
CLASSIFICATION	
STATUS	
FILE	
U.P.S.	
LAND OFFICE	
TRANSFER	
OPERATION	
PRODUCTION	

OIL CONSERVATION DIVISION

P. O. BOX 2086

SANTA FE, NEW MEXICO 87501

RECEIVED BY

FEB 12 1987

O.C.D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

API No. 30-015-25699

Operator Phillips Petroleum Company	
Address 4001 Penbrook Street, Odessa, Texas 79762	
Request for (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
Under (please explain) Request for Testing allowable of 1000 BO to evaluate Delaware, perforated interval 5920'-5862'.	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name James-A	Well No. 2	Pool Name, including Formation Wildcat - Delaware	Kind of Lease State, Federal or Fee State	Lease No. K-3271
Location Unit Letter <u>J</u> : <u>1652</u> Feet From The <u>south</u> Line and <u>1980</u> Feet From The <u>east</u> Line of Section <u>2</u> Township <u>22-S</u> Range <u>30-E</u> , N.M.P.M., <u>Eddy</u> County				

III. 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	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook St., Odessa, Texas 79762
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit <u>J</u> Sec. <u>2</u> Twp. <u>22-S</u> Rge. <u>30-E</u> Is gas actually connected? <u>No</u> When

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

W. J. Mueller

(Signature)

Engineering Supervisor, Reservoir

(Title)

February 11, 1987

(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 18 1987, 18

BY Original Signed By
Les A. Clements

TITLE Supervisor District II

This 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 deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable 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.

Separate Forms O-104 must be filed for each pool in multiply completed wells.