

OIL CONSERVATION DIVISION
 P. O. BOX 2088
 SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
OPERATION OFFICE	

Operator: **PHILLIPS PETROLEUM COMPANY**

Address: **4001 Penbrook Odessa, Texas 79762**

Reason(s) for filing (Check proper box) Other (Please explain)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate
Changed from Phillips Oil Company August 1, 1985

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: **Phillips State E State** Well No.: **17** Pool Name, including Formation: **Maljamar Grayburg San Andres** Kind of Lease: **State, Federal or Fee** State: **State** Lease No.: **B-222**

Location
 Unit Letter: **0** ; **990** Feet From The **South** Line and **1980** Feet From The **East**
 Line of Section: **10** Township: **17 S** Range: **33 E**, NMPM, Lea, Cau

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
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 or Dry Gas
Phillips Petroleum Company Address (Give address to which approved copy of this form is to be sent): **4001 Penbrook Odessa, Texas 79762**
 If well produces oil or liquids, give location of tanks. Unit: **B** Sec.: **15** Twp.: **17S** Rge.: **33E** Is gas actually connected? **Yes** When: **1-20-73**

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

COMPLETION DATA
 Designate Type of Completion - Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. R.
 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: _____

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 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

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (plug, 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.

G. L. Rose **G. L. Rose**
 (Signature)
 Controller
 August 1, 1985
 (Date)

OIL CONSERVATION DIVISION
 AUG 12 1985

APPROVED _____, 19____
 BY **JERRY SEXTON**
 DISTRICT SUPERVISOR

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 able on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of con.
 Separate Forms C-104 must be filed for each pool in m completed wells.

RECEIVED

AUG -7 1985

MAIL ROOM

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.B.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	X
PRODUCTION OFFICE	

Operator
Phillips Oil Company

Address
4001 Penbrook Street, Odessa, Texas 79762

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Effective 12/01/83
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Gas <input type="checkbox"/>	

If change of ownership give name and address of previous owner **Phillips Petroleum Company, 4001 Penbrook Street, Odessa, Texas 79762**

DESCRIPTION OF WELL AND LEASE

Lease Name Phillips State E State	Well No. 17	Pool Name, including Formation Maliamar Grayburg/San Andres	Kind of Lease State, Federal or Fee State	Lease No. B-2229
Location Unit Letter 0 : 990 Feet From The South Line and 1980 Feet From The East				
Line of Section 10 T. 17S Range 33E NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Company--Trucks	4001 Penbrook Street, Odessa, Texas 79762
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Company	4001 Penbrook Street, Odessa, Texas 79762
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	B 15 17S 33E Yes 01/20/73

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 <input checked="" 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. Res'v. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay
Perforations		Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

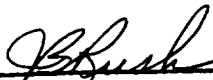
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prot, 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.


J. R. Rush
(Signature)
Production Records Supervisor
(Title)
December 29, 1983
(Date)

OIL CONSERVATION DIVISION
APPROVED **JAN 13 1984**, 19

BY **ORIGINAL SIGNED BY EDDIE SEAY**
TITLE **OIL & GAS INSPECTOR**

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 deviated 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 C-104 must be filed for each pool in multiple completed wells.