

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

Changed from  
Phillips Oil Company August 1, 1985If 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	Vacuum Abo Unit	Well No.	74	Pool Name, including Formation	Vacuum Abo Reef	Kind of Lease	State, Federal or Fee	State	Lease
	Btry 4 Tract 6-A								B-2131

Location

Unit Letter N : 760 Feet From The South Line and 1980 Feet From The West

Line of Section 26 Township 17 S Range 35 E , NMPM, Lea Cour

## 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)		
Texas New Mexico Pipe Line Company	P. O. Box 2528 Hobbs, New Mexico 88240		
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 Odessa, Texas 79762		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	is gas actually connected?	When
	M 26 17S 35E	Yes	NR

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. 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					

## 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  
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 (prior, 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.H. L. Rose

G. L. Rose

(Signature)

Controller

(Title)

August 1, 1985

(Date)

## OIL CONSERVATION DIVISION

APPROVED

AUG 12 1985

ORIGINAL SIGNED BY 1985

BY

DISTRICT 1 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 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 condSeparate Forms C-104 must be filed for each pool in mu  
completed wells.

RECEIVED

AUG - 8 1985

RECEIVED