

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

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	X
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator  
**Phillips Oil Company**

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

Reason(s) for filing (Check proper box)      Other (Please explain)

New Well       Change in Transporter of:      Effective 12/01/83

Recompletion       Oil       Dry Gas

Change in Ownership       Casinghead Gas       Condensate

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 <b>Vacuum Abo Unit Battery 3</b>	Well No. <b>10</b>	Pool Name, including Formation <b>Vacuum Abo Reef</b>	Kind of Lease State, Federal or Fee      State	Lease No. <b>B-2723</b>
Location <b>Tract 8</b>				
Unit Letter <b>E</b> : <b>2310</b> Feet From The <b>North</b> Line and <b>990</b> Feet From The <b>West</b>				
Line of Section <b>34</b> Township <b>17S</b> Range <b>35E</b> , 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)
<b>Texas-New Mexico Pipe Line Company</b>	<b>P. O. Box 2528, Hobbs, N.M. 88240</b>
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)
<b>Phillips Petroleum Company</b>	<b>4001 Penbrook Street, Odessa, Texas 79762</b>
If well produces oil or liquids, give location of tanks.	Unit      Sec.      Twp.      Rge.      Is gas actually connected?      When
	<b>M      34      17S      35E      Yes</b>

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. Res'v.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 allowable for this depth or be for full 24 hours)

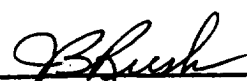
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

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

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

OIL CONSERVATION DIVISION

**FEB 6 1984**

APPROVED \_\_\_\_\_, 19\_\_\_\_\_  
BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I 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 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 C-104 must be filed for each pool in multiple completed wells.

RECEIVED  
FEB 1 1984  
O.C.D.  
HOBBS OFFICE

RECEIVED  
JAN 12 1984  
O.C.D.  
HOBBS OFFICE