STATE OF NEW MEXICO

FIGY AND MINCH	IALS [	)C.E?#	HIV
** ** ***** ***	11718		
DISTRIBUTE	) M		
SAHIA FE			
FILE	<b>_</b>		
V 1.0.1.			
LAND OFFICE		1_	
IMANIFORTER	OIL	1	
	OAS		
OPERATOR			
SECSATION OF	+C II	i !	

## AL CONSERVATION DIVISIC P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

PROBATION OFFICE										
Phillips Oil Company										
4001 Penbrook, Odessa	Texas	7976	62							
Reason(s) for liling (Check proper box)					Other (Pleas	e explain)				
New Well	Chang∙	In Tra	naporter o							
Recompletion 💮	CII			Dry Ga Conden	. <b>7</b> I					
Change in Ownership A	Casing	1+00 G	a •	Conden	2010			<del></del>		
Change of ownership give name nd address of previous owner	Phill:	ips I	Petrol	eum Con	npany, 4001 Penl	brook, Tex	as 7976	2		
DESCRIPTION OF WELL AND I	LEASE   Sell No.   Pool Name, Including Fo				ormation	Lease No.				
Lambirth-A	1	P∈	eterso	n South	Fusselman	State, Federa	lorFee Fe	ee		
Location					. 2055	For Pres	<b>75 - C -</b> 1-			
Unit Letter J: 1980	Feet F	rom Th	• <u>East</u>	L.In	• and <u>2055</u>		The <u>South</u>			
Line of Section 31 To	mahip 5-	-S		Range 3	3-E , NMP)	a, Roos	sevelt		County	
SCIONATION OF TRANSPORT	ድክ በፍ በ፤	L ANI	D NATI	TRAL GA	S	_				
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAINGME OF Authorized Transporter of CII To or Condensate					Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762					
Phillips Petroleum Co				as 🗇	Address (Give address	to which appro	exas /9/	15 form is so	be sent)	
Name of Authorized Transporter of Cas Cities Service Compan	ià Tudusca Gasi	لنك	C, D., G		Box 300 Tulsa,	Oklahoma				
If well produces oil or liquids,		31	TTwp.	Rge.	is gas actually connec	ted? Wh	en 3-9-7	79		
give location of tanks.	1				L					
f this production is commingled wit							Tal - 5	15	'v, ' Dill. Nes'y.	
Designate Type of Completio		011 %	ell i	Sas Well	Now Well Workover	Deepen 	Plug Back I	1 Jame Mes	1	
Date Spudded	Date Cample	Ready	y to Prod.	•	Total Dopth		P.B.T.D.	<u>. h</u>		
		d	Formatio		Top Oll/Gas Pay		Tubing Dep	th		
Elevations (DF, RKB, RT, GR, etc.)	Name el Pro	aucing	I t ormatic	J11	100 000 000					
Perforations							Depth Castr	ng Shoe		
		TUBI	ING CA	SING. AND	CEMENTING RECO	RD	-1			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT					
					<u> </u>		<u> </u>		dios allow	
TEST DATA AND REQUEST FO	OR ALLOW	ABLE	E (Tes able	s muss be a for this de	fier recovery of total vol pth or be for full 24 hou	-1)		qual to or •	reeso top attou	
OIL WELL  Date First New Oil Run To Tanks	Date of Tes	i.			Producing Method (Flo	w, pump, gas l	ift, etc.)			
	Tubing Pres	I a lut o			Casing Preseure		Choxe Size			
Length of Test		, 10114 ( 1012 - 1				i Gαs • MCF				
Actual Prod. During Test	Cil-Bale.				Water-Bble.		Gda - MCP			
	<u> </u>								The state of the s	
GAS WELL			·			~ T	Cimilia of	Condensate		
Actual Prod. Test-MCF/D	Langin of Text		Bbis. Condensate/MMCF		Carry of Condensate					
Testing Method (puot, back pr.)	Tubing Pres	*w* (	al-tuda	)	Casing Pressure (Shu	t-in)	Chore Sixe			
CERTIFICATE OF COMPLIAN	1	<del></del>				CONSERVA	9°1983	SION		
CERTIFICATE OF COMPENSA	- L					NOV	9 1983		19	
hereby certify that the rules and r	and that the	ne into	ann all on	given	APPROVED					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR								
					TITLE					
0000	т	ъ	Decah		This form is	to be filed in	compliance	with MULI	: 1104. ed ordennens:	
75 Kush		. D.	Rush		If this is a re well, this form mu	all has accommy	anied Dy a te	DOINTION C	I TITA CALLETTO.	
Production Records Supervisor				All sections of this form must be filled out completely for allowable on new and recompleted wells.						
NOV 0 3 1983 (Tule)										
(Date)			Il wall name or numb	er; or tren≖yo	iter, or numer i	a den en en	in my committee.			
•					Separata Form	in <b>a</b> C-104 mu	at foat Etta⊖ t	., w=cm }'	zze ze maccije	