

**OIL CONSERVATION DIVISION**  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 8750.

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

ENERGY AND MINERALS DEPARTMENT

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Operator  
**PHILLIPS PETROLEUM COMPANY**Address  
**4001 Penbrook Odessa, Texas 79762**

Reason(s) for filing (Check proper box)

New Well ☐  
 Recombination ☐  
 Change in Ownership ☒

Change in Transporter of:

Oil ☐  
 Casinghead Gas ☐

Dry Gas ☐  
 Condensate ☐

Other (Please explain)

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 <b>Phillips State E State</b>	Well No. <b>2</b>	Pool Name, including Formation <b>Maljamar Grayburg San Andres</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>B-2229</b>
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Location

Unit Letter **J** : **1980** Feet From The **South** Line and **1980** Feet From The **East**  
 Line of Section **8** Township **17 S** Range **33 E**, NMPM, Lea Count

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Texas-New Mexico Pipeline Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 2528 Hobbs, N. M. 88240</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips Petroleum Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>4001 Penbrook Odessa, Texas 79762</b>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rqs. Is gas actually connected? When <b>J 8 17S 33E Yes NR</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 Rest'v.	Diff. Re
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, 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 of well 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.

*A. L. Rose*

G. L. Rose

(Signature)

Controller

(Title)

August 1, 1985

(Date)

**OIL CONSERVATION DIVISION**

APPROVED **AUG 12 1985**, 19  
 ORIGINAL SIGNED BY **JERRY SEXTON**  
 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 dev tests taken on the well in accordance with RULE 111.  
 All sections of this form must be filled out completely for a well 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 conditions.  
 Separate Forms C-104 must be filled for each pool in multi-completed wells.

RECEIVED

AUG -7 1985

ACB  
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