THE TOTAL ACTIV			Revised 10-7-78	
IGY AND MINERALS DEPARTMENT	OIL CONSERVA			
CIST A INVITION	P. O. BO			
	SANTA FE, NEW	MEXICO 8750		
PILE				
LAND DPFICE	REQUEST FOR			
TRANSPORTER OAS	AUTHORIZATION TO TRANSP			
PROBATION OFFICE	Additional To The ter			
Operator				
PHILLIPS PETROLEUM C	COMPANY			
4001 Penbrook	Odessa, Texas 797	62		
Reason(s) for filing (Check proper bas		Other (Please explain)		
New Well	Change in Transporter of:	Changed from		
Recompletion		Phillips Oil Com	pany August 1, 1985	
Change in Ownership	Casinghead Gas Conden			
I change of ownership give name	PHILLIPS OIL COMPANY 4	001 Penbrook Odessa,	Texas 79762	
address of previous owner				
DESCRIPTION OF WELL AND	LEASE	Kind of Lease	Lease N	
Lense Nome	Meil No. Pool Name, Including Fo Mal tamar Grayb	ourg San Andres State, Federa		
Phillips State E	ale 9 Mai Jamai Cruyo			
Location		e and 1980 Feet From *	The Wost	
Unit LetterK; 1980	) Feet From The South Lin		•	
Line of Section 9 T	17 S Range	33 Е , ммрм,	Lea Count	
Line of Section		- De lost ou	Note	
DESIGNATION OF TRANSPOL	RTER OF OIL AND NATURAL GA	S Andress (Give address to which appro	ved copy of this form is to be sent)	
None of Authorized Transporter of C		P O Boy 2528 Hobbs.	N. M. 88240	
Texas-New Mexico Pipeline Company		Address (Give address to which appro	ved copy of this form is to be sent)	
Name of Authorized Transporter of C Phillips Petroleum		4001 Penbrook Odessa	a, Texas 79762	
	Unit Sec. Twp. Rge.	is gas actually connected? Wh		
If well produces oil or liquids, give location of tanks.	J 8 17S 33E	yes	NR .	
dire is commingled t	with that from any other lease or pool,	give commingling order number		
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'y. Diff. Re	
Designate Type of Complet				
	Date Cample Ready to Prod.	Total Depth	P.B.T.D.	
Date Spudded			Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depin	
		1	Depth Casing Shoe	
Perforations				
	TURING CASING AN	D CEMENTING RECORD		
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
HOLE SIZE				
		after recovery of total volume of load oi	l and must be equal to or exceed top a	
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be able for this d	enth of be for juli 24 hours		
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)	
Date First New OIL Rule 10 1			Choke Size	
Length of Test	Tubing Pressure	Casing Pressure		
		Water-Bbls.	Gas-MCF	
Actual Prod. During Test	011- Bhis.			
<u>`</u>				
			Gravity of Condensate	
GAS WELL	Length of Test	Bbis. Condenegte/MMCF	Gravity of Condensate	
		Casing Pressure (Shut-in)	Choke Size	
Testing Method (puor, back pr.)	Tubing Pressure (Shut-La)	Casing Pressure (Base)		
			ATION DIVISION	
. CERTIFICATE OF COMPLIA	ANCE	AUG 1	2 1985	
			19 1000 19	
I hereby certify that the rules and regulations of the Oli Conservation Division have been complied with and that the information given		ORIGINAL SIGNED	APPROVEDORIGINAL SIGNED BY JERRY SEXTON	
Division have been complete to	the best of my knowledge and belief	BYBISTRICT	JOF ERVISOR	
·		TITLE		
		This form is to be filed i	a compliance with RULE 1104.	
H - I Kne G. L. Rose		If this is a request for all	lowable for a newly drifted of dec	
(Signalwe)		well, this form must be account	cordance with NULE 111.	
Controller		attending of this form	must be luted out completely the	
	(Tule)	able on new and recompleted	and M for changes of C	
August 1, 1985				
···································	(Date)	Separate Forma C-104 n	oust be filed for each pool in my	
		considered wells.		

