

DATE RECEIVED	
DIVISION	
DATE	
TIME	
OFFICE	
REPORTER	
DATE	
LOCATION	
OFFICE	

P. O. BOX 2088
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)	Other (Please explain)		
New Well	<input type="checkbox"/>	Change in Transporter of:	
Completion	<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"/>
Change of ownership give name	Phillips Oil Company	4001 Penbrook,	Odessa, Texas 79762
Address of previous owner			

DESCRIPTION OF WELL AND LEASE			
Well Name	Well No.	Pool Name, including Formation	Kind of Lease
Leamex	9	Leamex Wolfcamp	State, Federal or Fee State
Location	0	659	Feet From The south Line and 1975 Feet From The east
Unit Letter	16	Township	17-S Range 33-E, NMPM, Lea
Line of Section	Col		

SIGNATURE 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 Pipeline Company	Box 1510 Midland, Texas 79701		
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		
Well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. Rge.
	0	16	17S 33E
Is gas actually connected?	When		
yes	5-23-61		

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.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Locations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Iterations	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 (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION	
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.		APPROVED _____, 19 _____	
J. B. Rush		BY ORIGINAL SIGNED BY JERRY SEXTON	
(Signature)		DISTRICT I SUPERVISOR	
Production Records Supervisor		TITLE _____	
(Title)		This form is to be filed in compliance with RULE 1104.	
JUL 30 1985		If this is a request for allowable for a newly drilled or de-	
		well, this form must be accompanied by a tabulation of the de-	
		tests taken on the well in accordance with RULE 111.	
		All sections of this form must be filled out completely for	
		able on new and recompleted wells.	
		Fill out only Sections I, II, III, and VI for changes of	
		or other such change of con-	