STATE OF REAVENCE OF PARTMENT

PRINTING ON STATE OF STATE

L CONSERVATION DIVISIO P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

perator					
Phillips Oil Company					
4001 Penbrook, Odessa					<u>annotangan pining makili</u> kara perlabah Mili kara mer
eason(s) for bling (Check proper bo		Other (Please	explainj		
•w Well Change in Transporter of: Out Dry Gas					
ecompletion	Ctt Dry Gd Casinghead Gas Conder	7			
hange in Ownership X					
change of ownership give name d address of previous owner	Phillips Petroleum Cor	mpany, 4001 Penb	rook, Tex	as 79762	and the second s
ESCRIPTION OF WELL AND	LEASE				
ease Name	Trimation Kind of Lease Lease No.				
Leamex	16 Maljamar Gray	ourg San Andres	State, Federa	lorFoo State	B2148
ocation					
Unit Letter J : 193	O Feet From The South Lin	• and <u>1980</u>	Feet From 7	The <u>East</u>	and the second s
	17.0	33-E , NMPM		Lea	County
Line of Section 16 T.	mahip 17-S Range	33-E , NMPM	,	The state of the s	
CCION ATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S			
come of Authorized Transporter of Ci	Address (Give address	Address (Give address to which approved copy of this form is to be sent)			
Texas New Mexico Pi	P.O.Box 2528, Hobbs, New Mexico 88240				
ame of Authorized Transporter of Castnohead Gas (or Dry Gas		Address (Give address to which approved copy of this form is to be sell) 4001 Penbrook, Odessa, Taxas 79762			
Phillips Petroleum		Is gas actually connects			The state of the s
well produces oil or liquids, ive location of tanks.	Unit Sec. Twp. Rqe. 0: 16 17S 33E	Yes	1	. 10-1-69	and the second s
this production is commingled w	ith that from any other lease or pool,			Plug Bacx Same Res	Te 1 Diff of rate
Designate Type of Completi	ion — (X) Gas well	New Well Workover	Deepen		
rate Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	and the second s
Levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth	
Perforations				Depth Casing Show	
					and the second second
	TUBING, CASING, AND			SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE				
and the second s			AND COMMENTAL OF THE PARTY OF T		A STATE OF THE STA
				· .	Transference Transference and a contract of
EST DATA AND REQUEST FIL WELL	FOR ALLOWABLE (Test must be a able for this de	fier recovery of total voluenth or be for full 24 hours)		exceed top allow
ate First New Oil Run To Tanks	Date of Test	Producing Mathod (Flow, pump, gos lift, atc.)		en e	
ength of Test	Tubing Pressure	Casing Pressure		Choke Size	
				Gas-MCF	and the second second second second
ctual Prod. During Test	Oil-Bals.	Water - Bbls.	anggan ng kulik Oran Zak - (Alik Najaga-da wa dik . Islam manda	OGS - MOI	en production and the second
AS WELL		0.00	per	Grevity of Concensate	And the second section of the section o
Citual Prod. Test-MCF/D	Langth of Test	Bhis. Condensate/WMC	ŕ	0.0000	
***ting Method (publ., back pr.)	Tubing Pressure (shut-La)	Casing Pressure (Shut	-in)	Chore Size	and the second state of the second state of a little second
ERTIFICATE OF COMPLIAN	SCE	l OIL C	ONSERVAT	ION DIVISION	A STATE OF S
		APPROVED NOV 9 1983			
hereby certify that the rules and	regulations of the Oil Conservation	AFFROVED			
vision have been complied with and that the information given the true and complete to the best of my knowledge and belief.		BY ORIGEN	AL SIGNED S DISTRICT SI	LIPERVISOR	and the second second
		TITLE	DISTRICT	UPERVISOR	enant after ena
- A	·	11	.) . (: 1 - A 1 -	compliance with Fut	Ľ 1108.
J. B. Rush		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or daupens			
(Signature)		I a the form much be succommended by a labulation of the deviation			
Production Records Supervisor		tests taken on the	tests taken on the well in accommance with MULE 111. All sections of this form must be filled out completely for illo-		
(Tille) NOV 0 x 1933		able on new and re	li able on new and recomplated wells.		
NOV 0 3 1933		Fill out only Sections I. II. III. and VI for changes of contained name or number, or transporter, or other such change of constitue			
. (1)ute)	Separate Form	r, or transpor a C-104 mus	t be illed for each p	ool in multip.
		ii tumitician maila-			