

NO. OF COPIES RECEIVED	
DISTRIBUTION	
AMT. FE	
ILS	
U.S.U.S.	
AND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
OPERATION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

ANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASOperator
PHILLIPS PETROLEUM COMPANYAddress
4001 Penbrook Odessa, Texas 79762

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Changed from Phillips Oil Company August 1, 1985
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

Change of ownership give name and address of previous owner
PHILLIPS OIL COMPANY 4001 Penbrook Odessa, Texas 79762

Description of Well and Lease		Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Lease Name		17	Maljamar Grayburg San Andres	State, Federal or Fee State	B2148
Lease Name	Leamex				

Location	Unit Letter	P	660	Feet From The	south	Line and	660	Feet From The	east	Count
Line of Section	16	T. andship	17-S	Range	33-E		NMPM,	Lea		

Designation of Transporter of Oil and Natural Gas		Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		P. O. Box 2528 Hobbs, New Mexico 88240				
Texas New Mexico Pipeline Company						
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				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	0	16	17S	33E	yes	12-13-73

(If this production is commingled 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'v.	Diff. Re
Designate Type of Completion - (X)									
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 available 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		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		
Testing Method (flow, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-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 <u>AUG - 6 1985</u> , 19
	BY <u>ORIGINAL SIGNED BY JERRY SEXTON</u>
	DISTRICT I SUPERVISOR
	TITLE
<u>J. B. Rush</u> (Signature) Production Records Supervisor (Title) July 30, 1985 (Date)	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 deviate 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 oil well name or number, or transporter, or other such change of conditions. Form C-104 must be filed for each pool in multi-