P. O. BOX 2088

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7%.E			
W.C.O.A.			
LAMP OFFICE		_	
PROMOPORTER	OIL		
	GAB		
GPTMAT-OR			

- SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND

-

(Date)

PREMATION OFFICE	AEITHORIZATION	N TO TRANSP	ORT OIL A	ND NATUR	AL GAS	•		
PHILLIPS PETROLEUM CO	OMP ANY				-			
4001 Penbrook	Odessa, Te	xas 797	62	,				,
Recoon(s) for filing (Check proper box,		177		her (Please	zpiesn)			
Non- Well	Change in Transpo	rier al:		Changed	from			
Recompletion	CHÉ [Dry Gas	• 🔲	_	Oil Com	Dansz Διισ	met 1	1985
Ownership XX	Caringhead Gas	Conden	aq14	11111169	OII COM	parry Aut		
If change of ownership give name	PHILLIPS OIL C	OMPANY 4	001 Penb	rook	Odessa,	Cexas 79	762	
DESCRIPTION OF WELL AND	FASE							
Lease Name	Well No. Pool No	me, including Fo		1	(ind of Lease	a .	ato	B-2229
Phillips State E 1/6	Ul 19 Malja	mar Graybu	irg san F	mures :	State, Federal	96.544 20	ate	J B-2223
Unit Letter J : 198	O Feet From The	SouthLine	e and	1980	Feet From T	he <u>Eas</u> i		· · · · · · · · · · · · · · · · · · ·
Line of Section 15 T.	mahip 17 S	Range	33 E	, NMPM,		Lea		Caun
DESIGNATION OF TRANSPORT	TER OF OIL AND N	ATURAL GA	s 💍	Luse	Elevi	1/1/h	ll_	
Mere of Authorized Transporter of Cil	_XX or Condensate	• 🗀	Address (Gr	,	which approv		is form is to 79762) be sent)
Phillips Petroleum Co					Odessa			o be senti
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas Phillips Petroleum Company			Address (Give address to which approved copy of this form is to be sent 4001 Penbrook Odessa, Texas 79762					
If well produces oil or liquids,	Unit Sec. Tw	rp. Rqe. 175 : 33E		illy connected	i? ¡Whe	4 -28 - 75		
give location of tanks. If this production is commingled with	<u> </u>		l yes		number:			
COMPLETION DATA	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res	v. Dill. Re
Designate Type of Completic	on – (X)		1	† †		P.B.T.D.	! !	
Date Spudded	Date Compl. Ready to	Prod.	Total Depth	1		P.B.1.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing For	mation	Top OII/Ga	s Pay		Tubing Dept	h	
Perforations			<u> </u>			Depth Castr	g Shoe	
·	THEINC	CASING AND	CEMENTU	NG RECORD	<u> </u>	<u></u>	····	
HOLE SIZE	CASING & TUB		CEMENTING RECORD		SA	CKS CEM	ENT	
HOLE 312E						·		
			ļ			<u> </u>		
TEST DATA AND REQUEST F	OR ALLOWABLE	(Test must be a) able for this de	iter recovery	of total valum full 24 hours)	e of load oil	and must be e	qual to or e	resed top c
OIL WELL Date First New Oil Run To Tanks	Date of Test				pump, gas lif	i, sic.)	. ,	-
Leagth of Test	Tubing Pressure		Casing Pres	18W4		Choke Size	•	
Leadin or 1441					Ggs - MCF			
Actual Prod. During Test	OH - Bhie.		Water - Bbla	• 				
Actual Prod. Test-MCF/D	Length of Test	·,	Bbie. Cond	enegte/MMCF		Gravity of	Condensate	
			Castag Rea	-Jeda) ewe	(a)	Chore Size		
Teesing Method (pstot, back pr.)	Tubing Pressure (Shat	C-178)	Costila					
CERTIFICATE OF COMPLIAN	CE				NSERVAT		SION	٠
		Conservation	APPRO	/ED	AUG 12	_1985		19
I hereby certify that the rules and to Division have been compiled with	and that the informs	tion given	ORIGINAL SIGNED BY ATTEM SEXTON					
above is true and complete to the best of my knowledge and belief.			ORIGINAL SIGNED BY LITTEN SEXTON BY BISTRICT I SUPERVISOR TITLE					
			TITLE -					
.1 0 0			This	form is to	te filed in	compliance	with RULI	5 1104.
L. L. Rose		If this is a request for allowable for a newly drilled or deer well, this form must be accompanied by a tabulation of the devites taken on the well in accordance with NULE 111.						
Controller	olwe)		100(8 (8)	en on the *	this form mu	at be fuled	MUCE	14
August 1, 1985	ile)		able on	new and lec	ompleted w	. HT and S	/I for char	ngma of o
	110)		well nan	e of Dribbet	or transport	er, or other	och chan	in or come

Separate Forms C-104 must be filed for each pool in mui

NIIG -7 1985