

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

PHILLIPS PETROLEUM COMPANY

4001 Penbrook Odessa, Texas 79762

Comments for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	casinghead Gas	<input type="checkbox"/> Condensate <input type="checkbox"/>

Other (Please explain)

Changed from  
Phillips Oil Company August 1, 1985

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

### DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Phillips State E	20	Maljamar Grayburg San Andres	State, Federal or Free State	B-2229

Location  
 Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East  
 Line of Section 15 Township 17 S Range 33 E , NMPM, Lea Coun

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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"/> Phillips Petroleum Company - Trucks					4001 Penbrook Odessa, Texas 79762	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company GPM Gas Corporation					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, Give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	B	15	17S	33E	yes	4-10-75

If this production is commingled with that from any other lease or pool, give commingling order number:

**COMPLETION DATA**

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
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

[illegible]

### 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)

OIL WELL		Date for this test (Date, place, etc.)	
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

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prod. back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size

**CERTIFICATE OF COMPLIANCE**

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.

Controller

August 1, 1985

OIL CONSERVATION DIVISION

AUG 12 1985

APPROVED                      **AUG 12 1955**                     , 19

ORIGINAL SIGNED BY JEREMY SEXTON  
DISTRICT 1 SUPERVISOR

**TITLE**

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 deviatoric tests taken on the well in accordance with RULE III.

All sections of this form must be filled out completely for use on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Form C-104 must be filled for each pool in mu

DECLASSIFIED

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