

DISTRIBUTION		SANTA FE, NEW MEXICO 87501		
NAME		REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
MAIL				
LOCAL OFFICE				
TRANSPORTER	OIL GAS			
OPERATION				
OPERATION OFFICE				
Operator				
PHILLIPS PETROLEUM COMPANY				
Address				
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 oil:				
Oil <input type="checkbox"/>		Dry Gas <input type="checkbox"/>		
Casinghead Gas <input type="checkbox"/>		Condensate <input type="checkbox"/>		
If change of ownership give name and address of previous owner				
PHILLIPS OIL COMPANY 4001 Penbrook Odessa, Texas 79762				
DESCRIPTION OF WELL AND LEASE				
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Phillips State E State	26	Maljamar Grayburg San Andres	State, Federal or Fee State	B-2229
Location				
Unit Letter	A	330 Feet From The North Line and	330 Feet From The East	
Line of Section	14	Township	17 S Range	33 E
NMPM, Lea Cour				
DESIGNATION 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)		
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"/>		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.
	B	15	17S	33E
Is gas actually connected?		When		
yes		10-31-76		
If 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. R
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 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 (prior, 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.				
G. L. Rose				
Controller				
August 1, 1985				
OIL CONSERVATION DIVISION				
AUG 12 1985				
APPROVED				
BY ORIGINAL SIGNED BY JERRY SEXTON				
DISTRICT 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 dev 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 o well name or number, or transporter, or other such change of cond				
Separate Forms C-104 must be filled for each pool in mu completed wells.				