

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CO. OF COPIES DESIRED	
DISTRIBUTION	
LAND OFFICE	
TRANSPORTER	
OPERATOR	X
PRODUCTION OFFICE	

Phillips Oil Company

Address 4001 Penbrook Street, Odessa, Texas 79762

Reason(s) for filing (Check proper box)

New Well ☐  
Recompletion ☐  
Change in Ownership ☒

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Effective 12/01/83

If change of ownership give name  
and address of previous owner

Phillips Petroleum Company, 4001 Penbrook Street, Odessa, Texas 79762

## DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Phillips Seabe E State	30	Maljamar Grayburg/San Andres	State, Federal or Fee State	B-2229
Location				
Unit Letter	L	1980	Feet From The South Line and 660	Feet From The West
Line of Section	13	T. and Ship	17S	Range 33E, NMPM, Lea
County				

## 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 Street, 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 Street, Odessa, Texas 79762
If well produces oil or liquids, give location of tanks.	Unit, Sec., Twp., Rge.
	P, 14, 17S, 33E
Is gas actually connected?	When
Yes	05/19/77

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/> Same Resv. <input type="checkbox"/> Diff. Resv. <input type="checkbox"/>
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 allowable 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-Bble.	Water-Bble.	Gas-MCF

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. 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.

Production Records Supervisor

December 29, 1983

OIL CONSERVATION DIVISION

APPROVED JAN 16 1984, 19

BY ORIGINAL SIGNED BY EDDIE SEAY  
OIL & GAS INSPECTORTITLE  
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 al  
able on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of ow  
well name or number, or transporter, or other such change of condi  
Separate Form C-104 must be filed for each pool in mul

RECEIVED  
JAN 10 1984  
C.C.D.  
HOSES OFFICE