

NAME OF OPERATOR	
DISTRIBUTION	
AREA FE	
FILE	
REG. NO.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
OPERATION OFFICE	

P. O. BOX 2088
SANTA FE, NEW MEXICO 8750

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

PHILLIPS PETROLEUM COMPANY

Address
4001 Penbrook Odessa, Texas 79762

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Changed from
Phillips Oil Company August 1, 1985

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	Vacuum Abo Unit	Well No.	8	Pool Name, including Formation	Vacuum Abo Reef	Kind of Lease	State, Federal or Fee State	Lease No.	B-2131
	Battery 2 Tract 13								

Location

Unit Letter D ; 330 Feet From The North Line and 990 Feet From The West

Line of Section 4 Township 18 S Range 35 E , NMPM, Lea Coun

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)
Texas New Mexico Pipe Line Company	P. O. Box 2528 Hobbs, New Mexico 88240

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 F	Sec. 4	Twp. 18S	Rge. 35E	Is gas actually connected? Yes	When
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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. Re
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, CR, 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 a ble 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
(Signature)

G. L. Rose

Controller

(Title)

August 1, 1985

(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 1 1985, 19

BY WILLIAM R. ROSE

TITLE OIL & GAS INSPECTOR

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 devi tests taken on the well in accordance with RULE 111.

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

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

Separate Forms C-104 must be filled for each pool in mul

RECEIVED

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U.S. DEPT. OF THE INTERIOR
BUREAU OF LAND MANAGEMENT