REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

PHILLIPS PETROLEUM COMPANY

Address

4001 Penbrook   Odessa, Texas   79762

Reason(s) for filing (Check proper box)

New Well ☐	Change in Transporter of:		Other (Please explain)
Recompletion ☐	Oil ☐	Dry Gas ☐	Changed from
Change in Ownership ☒☒	Casinghead Gas ☐	Condensate ☐	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 Btry 2 Tract 13 | Well No. 18 | Pool Name, Including Formation Vacuum Abo Reef | Kind of Lease State, Federal or Fee State | Lease N B-2302 |

Location

Unit Letter ___K___ : ___2310___ Feet From The ___South___ Line and ___1980___ Feet From The ___West___

Line of Section ___4___ T. nship ___18 S___ Range ___35 E___ , NMPM, ___Lea___ Coun

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒☒ or Condensate ☐

Texas New Mexico Pipe Line Company

Address (Give address to which approved copy of this form is to be sent)

P. O. Box 2528 Hobbs, New Mexico 88240

Name of Authorized Transporter of Casinghead Gas ☐ EFFECTIVE: February 1, 1992 Dry Gas ☐

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 F | Sec. 4 | Twp. 18S | Rge. 35E | Is gas actually connected? Yes | When |

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

(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 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 (puror, 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   G. L. Rose
(Signature)

Controller
(Title)

August 1, 1985
(Date)

OIL CONSERVATION DIVISION 1985

APPROVED _____, 19 ___

BY _____

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 dee 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 filed for each pool in m