

OIL CONSERVATION DIVISION

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

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LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	X
PROBATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Phillips Oil Company	
Address 4001 Penbrook Street, Odessa, Texas 79762	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter oil: <input type="checkbox"/>
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"/>
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 Vacuum Abo Unit Battery 2	Well No. 18	Pool Name, including Formation Vacuum Abo Reef	Kind of Lease State, Federal or Fee State	Lease No. B-2302
Location Tract 13				
Unit Letter <u>K</u> : <u>2310</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u>				
Line of Section <u>4</u> Township <u>18S</u> Range <u>35E</u> , 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"/> 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, N.M. 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook Street, 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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Rest'v. <input type="checkbox"/>	Diff. Rest'v. <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 - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (spot, 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.

J. B. Rush
(Signature)
Production Records Supervisor
(Title)
December 29, 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 13 1984, 19
BY ORIGINAL SIGNED BY EDDIE SEAY
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 deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable 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 Forms C-104 must be filled for each pool in multiple completed wells.