

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
OPERATION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

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:  
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.	Pool Name, including Formation	Kind of Lease	Lease
Battery 1	Tract 14	3	Vacuum Abo Reef	State, Federal or Fee State	F-6504

Location  
Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West

Line of Section 5 Township 18 S Range 35 E , NMPM, Lea Cou

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 ☒ or Dry Gas ☐  
Phillips Petroleum Company 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 M Sec. 5 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. F
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RAB, 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 (Shot-in)	Casing Pressure (Shot-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.

H. L. Rose G. L. Rose  
(Signature)  
Controller (Title)  
August 1, 1985 (Date)

OIL CONSERVATION DIVISION

AUG 1 5 1985

APPROVED \_\_\_\_\_, 19  
BY \_\_\_\_\_  
OIL & GAS INSPECTOR  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or de  
well, this form must be accompanied by a tabulation of the de  
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  
well name or number, or transporter, or other such change of con  
Separate Forms C-104 must be filled for each pool in m