

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 8750

NO. OF COPIES RECEIVED	
DISTRICT	
SANTA FE	
FILE	
DATE	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
OPERATION OFFICE	

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: Oil ☐ Dry Gas ☐ Condensate ☐
Recompletion ☐ Casinghead Gas ☐
Change in Ownership ☒ 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.	4	Pool Name, including Formation	Vacuum Abo Reef	Kind of Lease	State, Federal or Fee	State	Lease No.	E-6704
Battery	1	Tract	15							

Location: Unit Letter **E**; **1650** Feet From The **North** Line and **330** Feet From The **West**

Line of Section **8** Township **18 S** Range **35 E** , 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)
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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	M	5	18S	35E	Yes	

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. Res.

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 oil 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 (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
AUG 12 1985
APPROVED _____, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
TITLE _____

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 device tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells 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 conditions.
Separate Forms C-104 must be filed for each pool in multiple completed wells.