

DISTRIBUTION			
SANTA FE			
FILE			
U.S.D.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATION			
OPERATION OFFICE			

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)	Other (Please explain)
New Well <input type="checkbox"/>	Changed from Phillips Oil Company August 1, 1985
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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 Philmex	Well No. 17	Pool Name, including Formation Maljamar Grayburg San Andres	Kind of Lease State, Federal or Fee State	Lease B-2229
Location				
Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East				
Line of Section 27 Township 17 S Range 33 E , NMPM, Lea Cou				

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 Pipeline 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 Odessa, Texas 79762		
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 27	Twp. 17S	Rge. 33E
		Is gas actually connected? yes		When 8-5-82.

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 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 (prod, 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.	
<u>H. L. Rose</u> G. L. Rose (Signature)	
Controller (Title)	
August 1, 1985 (Date)	

OIL CONSERVATION DIVISION	
APPROVED <u>AUG 12 1985</u> , 19	
ORIGINAL SIGNED BY JERRY SEATON	
BY <u>DISTRICT I SUPERVISOR</u>	
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 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 Form C-104 must be filed for each pool in mu	

RECEIVED

AUG -7 1985

Q-28
H-28