

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST 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"/> | Change in Transporter of: | |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | Changed from Phillips Oil Company August 1, 1985 |
| Change in Ownership <input checked="" 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 Lea | Well No. 4 | Pool Name, including Formation Vacuum (G-SA) | Kind of Lease State, Federal or Fee State | Lease No. B-4118 |
| Location | | | | |
| Unit Letter I | 660 | Feet From The east | Line and 1980 | Feet From The south |
| Line of Section 29 | Township 17-S | Range 34-E | NMPM, Lea | Cour |

| | |
|---|--|
| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | |
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> WIV | Address (Give address to which approved copy of this form is to be sent) |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rqs. Is gas actually connected? 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 Restv. Diff. R | | |
| 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 of hole 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 (pump, back pr.) | Tubing Pressure (Shot-in) | Casing Pressure (Shot-in) | Choke Size |

| | |
|--|--|
| CERTIFICATE OF COMPLIANCE | OIL CONSERVATION DIVISION AUG - 5 1985 |
| 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. | APPROVED _____, 19 _____ BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE _____ |
| J. B. Rush (Signature) Production Records Supervisor (Title) July 29, 1985 | 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 devils tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for a well on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner. |

RECEIVED

AUG -1 1985

1000 1000