

SANTA FE, NEW MEXICO 8750'

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SUBSCRIPTION		
COUNTRY		
FILE		
CLASS.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
OPERATION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

PHILLIPS PETROLEUM COMPANY

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"/>
Change in Ownership	<input checked="" type="checkbox"/>	Crudehead Gas	<input type="checkbox"/> Condensate <input type="checkbox"/>
		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

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Lease Name	Well No.	Pool Name, including Formation	State, Federal or Fee	State	B-1400	
Vacuum Abo Unit Btry 3 Tract 11	7	Vacuum Abo Reef				
Location						
Unit Letter <u>I</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u>						
Line of Section <u>33</u> Township <u>17 S</u> Range <u>35 E</u> , NMPM, Lea Coun						

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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, New Mexico 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 M	Sec. 34	Twp. 17S	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

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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

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)

OIL WELL			
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

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.

H. L. Rose

G. L. Rose

(Signature)

Controller

(Title)

August 1, 1985

(Date)

OIL CONSERVATION DIVISION
AUG 15 1985

APPROVED _____, 19

BY _____

TITLE OIL & GAS INSPECTOR

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 use 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.

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AUG - 8 1985

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