ENERGY AND MINERALS DEPARTME	• • • •	ATION DIVISION	Form C-104. Revised 10-01-78 Format 08-01-83 Page: 1
FILE		0× 2055 W MEXICO 87501	
TRANSPORTER OIL OIL OFFERENCE		DR ALLOWABLE	
	•	AND SPORT OIL AND NATURAL GAS	
Creater · PHILI	LIPS PETROLEUM COMPANY		
Address		xas 79762	
Resson(s) for filing (Check proper be	az <i>i</i>	Other (Please explain)	
New Well Recompletion- Change in Ownership-	Change is Transporter of:	Effective date	2
f change of ownership give name	<u>.</u>	· · · · · · · · · · · · · · · · · · ·	
Lasse Neme Vacuum Abo Un			
Unit Letter_J	<u>18 Vacuum Abo Ree</u> <u>550 Feet Frees The South Lu</u> Journahle 175 Rome	fState, Fee ne-and1650Feet Fre 35ENм/РМ,	The Fast County
Unit Lottes_J :;[Line of Southers 33 T	650 Feet Frees The South Li wannahle 175 Range SPORTER OF OIL AND NATURA	ль- сп.б 35E, мыры, L GAS	Lea County
Line of Section 33 T Line of Section 33 T IIL DESIGNATION OF TRANS Name of Authorized Transporter of Q	550 Foot From The South Li connector 175 Range SPORTER OF OIL AND NATURA	Ino-and <u>1650</u> Foot Fra 35E , NRAPM, L GAS Addition (Give address to which ap	Lea <u>County</u>
Line of Section 33 T Line of Section 33 T IIL DESIGNATION OF TRANS Name of Authorized Transporter of O Texas New Mexico Pipelit Name of Authorized Transporter of O	550 Foot From The South Li connector 175 Range SPORTER OF OIL AND NATURA Li XX or Condensate i ne Company connector Con(X) or Der Con	I GAS Address (Give address to which op P. 0. Box 2528, Hobbs Address (Give address to which op	Lea County Lea County proved-copy of this form is to be sent) S. New Mexico 88240 proved copy of this form is to be sent/
Line of Soution 33 T Line of Soution 33 T III. DESIGNATION OF TRANS Name of Authorized Transporter of C Fexas New Mexico Pipelit Name of Authorized Transporter of C Phillips 66 Natural Gas If well produces all or liquida,	650 Feet Free The South Li consolute 175 Range SPORTER OF OIL AND NATURA Secondenesse Inc. Mil XI or Condenesse Inc. ine Company company GPM Gas Corporation Inc. S Company GPM Gas Corporation Rep. Rep.	I GAS Address (Give address to which op P. O. Box 2528, Hobbs Address (Give address to which op FFFETIVE For address to which op I gas estually connected?	Lea <u>County</u> Lea <u>County</u> proved copy of this form is to be senc) S. New Mexico 88240
Line of Section 33 T Line of Section 33 T IIL DESIGNATION OF TRANS Name of Authorized Transporter of O Texas New Mexico Pipelit Name of Authorized Transporter of O Phillips 66 Natural Gas If well predices oil or liquide, give location of tanks.	650 Free Free The South Li 'eventhip 17S Renge SPORTER OF OIL AND NATURA MIXI or Condensate ine Company centre Control s Company S Company S Company S Company S Company	I GAS Address (Give address to which op P. 0. Box 2528, Hobbs Address (Give address to which op Differ The Fobruation of Differ The Fobruation of Is gas assually connected of YES	Lea County Lea County proved copy of this form is to be sent; S. New Mexico 88240 proved copy of this form is to be sent; 299 Texas 79762
Line of Section 33 T <u>HL DESIGNATION OF TRANS</u> Name of Authorized Transporter of O Texas New Mexico Pipeli Name of Authorized Transporter of O Phillips 66 Natural Gas If well production of Insta.	650 Free Free The South Li Internation 175 Range SPORTER OF OIL AND NATURA SUI XII or Condensate ine Company Ine Company Scompany Source Unit Sec. Twp M 34 175 35E with thet from any other lease or pool.	I GAS Address (Give address to which op P. 0. Box 2528, Hobbs Address (Give address to which op Differ The Fobruation of Differ The Fobruation of Is gas assually connected of YES	Lea County Lea County proved copy of this form is to be sent; S. New Mexico 88240 proved copy of this form is to be sent; 299 Texas 79762
Line of Sostian 33 T Line of Sostian 33 T IIL DESIGNATION OF TRANS Name of Authorized Transporter of O Texas New Mexico Pipeli Name of Authorized Transporter of O Phillips 66 Natural Gas If well preduces oil or liquids, eive legenten of tenks. If this production is commingled w NOTE: Complete Parts IV and VL CERTIFICATE OF COMPLL	650 Free Free The South Lit SPORTER OF OIL AND NATURA SPORTER OF OIL AND NATURA Suit III or Condensate Ine Company Ine Company Sec. Top. Res. S Company GPM Gas Corporation Ing. Res. New M 34 175 35E with thet from any other lease or pool. Von reverse side if necessary. ANCE Inc. Inc.	In cast 1650 Foot Fro 35E NMAPM, L GAS Address (Give address to which ap P. 0. BOX 2528, Hobbs Address (Give address to which ap P. 0. BOX 2528, Hobbs Address (Give address to which ap Differ IP/Fib/Fib/Fook, address to which ap Is gas estually connected? YES give commingling order number OIL CONSERN MAR	Lea County Lea County proved copy of this form is to be sent; S. New Mexico 88240 proved copy of this form is to be sent; 299 Texas 79762
Line of Section 33 T Line of Section 33 T IIL DESIGNATION OF TRANS Name of Authorized Transporter of O Texas New Mexico Pipeli Name of Authorized Transporter of O Phillips 66 Natural Gas If well productes all or liquide, give logention of tenks. If this production is commingled w NOTE: Complete Parts IV and VI. CERTIFICATE OF COMPIL I hereby certify that the rules and regula	650 Foot Free The South Li SPORTER OF OIL AND NATURA 175 Range SPORTER OF OIL AND NATURA ar Condensate 1 ine Company ar Condensate 1 ine Company ar Condensate 1 S Company GPM Gas Corporation 175 35E 'Units Soc. Twp. Rep. 'M 34 175 35E with thet from any other lease or pool. V on reverse side if necessary.	In cast 1650 Foot From 35E , NMAPMA L GAS Addition (Give address to which op P. 0. BOX 2528, Hobbs Address (Give address to which op Differ Tay Fib Foot Uable 35) Is gas actually connected? YES give commingling order number OIL CONSERN MAR APPROVED ORIGINAL S	ne The <u>Fast</u> <u>Lea</u> <u>County</u> <u>proved copy of this form is to be sent</u> <u>S. New Mexico 88240</u> proved copy of this form is to be sent <u>A997</u> exas 79762. When

ut completely for allowon new and recompleted wells. able

Fill out only Sections I. II. III. and VI for changes of owner. well name or number, or transporten or other such change of condition.

Separate Forms C-104 must be filed for each poei in multiply completed wells.

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Year and the second second

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	OIL CONSERVA			
	Р. О. ВО SANTA FE, NEW			
FR.0	SANTA FE, NEW			
us.a.t.	DEDUEST FOR	ALLOWARLE		
	REQUEST FOR ALLOWABLE AND			
	AUTHORIZATION TO TRANSP	ORT OIL AND NATURAL GAS	•	
Operator			··· ·	
PHILLIPS PETROLEUM C	OMPANY			
4001 Penbrook	Odessa, Texas 797	62		
Ressan(s) for filing (Check proper box		Other (Please explain)		
Same Well	Change in Transporter of:	Changed from		
Recompletion	Case Dry Gas Castinghead Gas Condeni		npany August 1, 1985	
Change in Ownershie				
Schange of ownership give name address of previous owner	PHILLIPS OIL COMPANY 4	001 Penbrook Odessa,	Texas 79762	
DESCRIPTION OF WELL AND Vacuum Abo Uni	t Well No. Pool Name, Including Fo	rmation Kind of Leas		
Battery 3 Tract 11	8 Vacuum Abo Reef	State, Feder	si or Foo State B-1400	
Location	650 Feet From The South Line		The East	
Unit Letter;	030 Feet From The Souling Line	and()_)//		
Line of Section 33 T.	mship 17 S Range	<u>35 е , ммрм, 1</u>	Jea Cour	
	TT OT AND MATURAL GA	s		
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address to which appr	oved copy of this form is to be sent)	
Texas New Mexico Pipe	Line Company	P. O. Box 2528 Hobbs	New Mexico 88240	
Phillips Petroleum Co	Phillips Petroleum Company Authorized Transporter of Casinghead Gas A or Dry Gas 4001 Penbrook Odessa, Texas 79762			
			hen	
E well produces oil or liquids, give location of tanks.	M 34 17S 35E	Yes	···•	
If this production is commingled w	ith that from any other lease or pool,	give commingling order number:		
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff. R	
Designate Type of Completi			P.B.T.D.	
Date Spudded	Date Campi. Ready to Prod.	Total Depth	F.0.1.0.	
Elemetions (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth	
(DF, RKB, RL, GR, etc.)			Depth Casing Shoe	
Periorotions		•		
	TUBING CASING AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a	fer recovery of total volume of load o	il and must be equal to or exceed top	
OHL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas	lift, etc.)	
Dese First New Oil Run To Tanks				
Length of Test	Tubing Pleasure	Casing Pressure	Choke Size	
		Water-Bois.	Gas - MCF	
Actual Prod. During Test	Oll-Bale.			
GAS WELL		Bbis. Contenegte/MMCF	Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test /			
Teening Method (publ, back pr.)	Tubing Pressure (Shat-La)	Casing Pressure (Shut-in)	Choke Size	
CERTIFICATE OF COMPLIA	NCE		1 5 1985	
	and the Oil Conservation	APPROVED		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given		ORIGINAL SIGNED BY EDDIE SEAY		
above is true and complete to t	he best of my knowledge and belief.	BYOU_S		
•		11	GAS INSPECTOR	
1 P O			n compliance with RULE 1104.	
A. J. Pose G. L. Rose (Signature)		If this is a request for allowable for a newly drilled or dee 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		
Controller	inature) Title)	All sections of this form	must be filled out completely for wells.	
(All sections of this form able on new and recompleted Fill out only Sections I.	must be filled out completely for wells. II. III, and VI for changes of conter, or other such change of con-	
August 1, 1985		All sections of this form able on new and recompleted Fill out only Sections I.	must be filled out completely for	

RECEIVED AUG - 8 1985

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