

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**I. Operator**  
PHILLIPS PETROLEUM COMPANY

**Address**  
4001 Penbrook Odessa, Texas 79762

**Reason(s) for filing (Check proper box)**

<input type="checkbox"/> New Well	<input type="checkbox"/> Change in Transporter of:	<input type="checkbox"/> Dry Gas	<b>Other (Please explain)</b> Effective date 1-1-86
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> Centrifugal Gas		

If change of ownership give name and address of previous owner: \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

<b>Lease Name</b> Vacuum Abo Unit Battery 3 Tract 11	<b>Well No.</b> 8	<b>Pool Name, including Formation</b> Vacuum Abo Reef	<b>Kind of Lease</b> State, Federal or Fee State	<b>Lease No.</b> R-1400
<b>Location</b>				
Unit Letter <u>J</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>East</u>				
Line of Section <u>33</u> Township <u>17S</u> Range <u>35E</u> NMPM Lea County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

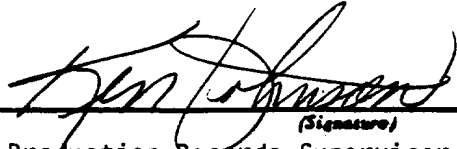
<b>Name of Authorized Transporter of Oil</b> <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline Company	<b>Address (Give address to which approved copy of this form is to be sent)</b> P. O. Box 2528, Hobbs, New Mexico 88240
<b>Name of Authorized Transporter of Centrifugal Gas</b> <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Company GPM Gas Corporation	<b>Address (Give address to which approved copy of this form is to be sent)</b> EFFECTIVE February 1, 1999 4001 Penbrook, Odessa, Texas 79762
<b>If well produces oil or liquids, give location of tanks.</b>	<b>Is gas actually connected? When</b>
Unit <u>M</u> Sec. <u>34</u> Twp. <u>17S</u> Rng. <u>35E</u>	YES

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

**VI. 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 is true and complete to the best of my knowledge and belief.

  
(Signature) Ken Johnson  
Production Records Supervisor  
January 24, 1986  
(Title)  
(Date)

OIL CONSERVATION DIVISION

MAR 1 8 1986

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 deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable 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 condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

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OIL CONSERVATION DIVISION  
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"/>	Change in Transporter of: <input type="checkbox"/>	Changed from Phillips Oil Company August 1, 1985	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>		
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Dry 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		Kind of Lease	Lease
Lease Name <b>Vacuum Abo Unit</b>	Well No. <b>8</b>	State, Federal or Fee <b>State</b>	<b>B-1400</b>
<b>Battery 3 Tract 11</b>		<b>Vacuum Abo Reef</b>	

Location	
Unit Letter <b>J</b>	<b>1650</b> Feet From The <b>South</b> Line and <b>1650</b> Feet From The <b>East</b>
Line of Section <b>33</b>	T. and S. <b>17 S</b> Range <b>35 E</b> , 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"/> <b>Texas New Mexico Pipe Line Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 2528 Hobbs, New Mexico 88240</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips Petroleum Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>4001 Penbrook Odessa, Texas 79762</b>
If well produces oil or liquids, give location of tanks.	Unit <b>M</b> Sec. <b>34</b> Twp. <b>17S</b> Rge. <b>35E</b>
Is gas actually connected? <b>Yes</b> 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 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 (pump, 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.

A. L. Rose G. L. Rose  
(Signature) (Title)  
Controller  
August 1, 1985  
(Date)

OIL CONSERVATION DIVISION  
**AUG 15 1985**

APPROVED \_\_\_\_\_, 19 \_\_\_\_  
BY **ORIGINAL SIGNED BY EDDIE SEAY**  
TITLE **OIL & GAS INSPECTOR**

This form is to be filed in compliance with RULE 1104.  
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