

LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATION OFFICE		

SANTA FE, NEW MEXICO 87501

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)

New Well ☐Incompletion ☐Change in Ownership ☒

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Changed from
Phillips Oil Company August 1, 1985Change of ownership give name
and address of previous owner

PHILLIPS OIL COMPANY 4001 Penbrook Odessa, Texas 79762

DESCRIPTION OF WELL AND LEASE

Well Name	Vacuum Abo Unit	Well No.	64	Pool Name, including Formation	Vacuum Abo Reef	Kind of Lease	State, Federal or Fee	State	Lease No.
	Battery 4 Tract 6-F								B-2519

Location

Unit Letter A : 760 Feet From The North Line and 760 Feet From The East

Line of Section 34 Township 17 S Range 35 E , NMPM, Lea Coun

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐

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 ☒ or Dry Gas ☐

Phillips Petroleum Company

Address (Give address to which approved copy of this form is to be sent)

4001 Penbrook Odessa, Texas 79762

Does well produce oil or liquids,
give location of tanks.

Unit

M

Sec.

26

Twp.

17S

Rge.

35E

Is gas actually connected?

yes

When

NR

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. Re

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Elevations (DF, RAB, RT, CR, 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 available 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 (purge, 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.

G. L. Rose

(Signature)

Controller

(Title)

August 1, 1985

(Date)

OIL CONSERVATION DIVISION

AUG 15 1985

APPROVED _____, 19

BY _____
OIL & GAS INSPECTOR

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 devt. tests taken on the well in accordance with RULE 110.

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 oil well name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filed for each pool in multicompleted wells.