

| | |
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| DISTRIBUTION | |
| MINUTE | |
| FILE | |
| U.S.A. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| PERSON | |
| FORMATION OFFICE | |
| Operator | |

P. O. BOX 2528
SANTA FE, NEW MEXICO 87501REQUEST 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 ☐Recompletion ☐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 PHILLIPS OIL COMPANY 4001 Penbrook Odessa, Texas 79762
and address of previous owner

DESCRIPTION OF WELL AND LEASE

| | | | | |
|----------------------------|-------------|--|---|------------------|
| Lease Name Vacuum Abo Unit | Well No. 65 | Pool Name, including Formation Vacuum Abo Reef | Kind of Lease State, Federal or Fee State | Lease No. B-2519 |
| Btry 4 Tract 6-F | | | | |

Location

Unit Letter B ; 987 Feet From The North Line and 1980 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 88240Name 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

If well produces oil or liquids,
give location of tanks.

Unit M

Sec. 26

Twp. 17S

Rge. 34E

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. Res. |
| 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 allowable 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.

A. L. Rose

(Signature)

G. L. Rose

Controller

(Title)

August 1, 1985

(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 15 1985, 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 devl tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for a able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of or well name or number, or transporter, or other such change of cond

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

RECEIVED

AUG 16 1985

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