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FILE NO.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
REGISTRATION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 8750

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)
New Well ☐ Change in Transporter of:
Incompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Changed from Phillips Oil Company August 1, 1985

Change 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. **7** Pool Name, including Formation **Vacuum Abo Reef** Kind of Lease **State** Lease No. **B-1845**
Battery **3 Tract 10**

Location
Unit Letter **K**; **1980** Feet From The **South** Line and **1650** Feet From The **West**
Line of Section **34** Township **17 S** Range **35 E**, NMPM, Lea County

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
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
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.
Locations (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 capable 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 (prior, 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 1 5 1985
APPROVED _____, 19____
BY _____
TITLE **OIL & GAS INSPECTOR**
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 dev tests taken on the well in accordance with RULE 111.
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.

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AUG - 8 1985

HOUSE OFFICE