

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                        |   |
|------------------------|---|
| CO. OF COPIES REQUIRED |   |
| PRODUCTION             |   |
| LAND OFFICE            |   |
| TRANSPORTER            |   |
| OPERATOR               | X |
| PRODUCTION OFFICE      |   |

Phillips Oil Company

Address

4001 Penbrook Street, Odessa, Texas 79762

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☒

Change in Transporter oil:

Oil ☐Crudehead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Effective 12/01/83

If change of ownership give name  
and address of previous owner

Phillips Petroleum Company, 4001 Penbrook Street, Odessa, Texas 79762

## DESCRIPTION OF WELL AND LEASE

|            |          |                                |                             |           |
|------------|----------|--------------------------------|-----------------------------|-----------|
| Lease Name | Well No. | Pool Name, including Formation | Kind of Lease               | Lease No. |
| Santa Fe   | 109      | Vacuum (Glorieta)              | State, Federal or Fee State | B-1501    |

Location

Unit Letter G : 2323 Feet From The North Line and 2213 Feet From The EastLine of Section 29 Township 17S Range 35E NMPM, Lea County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |
|--|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Texas-New Mexico Pipe Line Company   | P. O. Box 2528, Hobbs, N.M. 88240  |
| Name of Authorized Transporter of Crudehead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>     | Address (Give address to which approved copy of this form is to be sent) |
| Phillips Petroleum Company   | 4001 Penbrook Street, Odessa, Texas 79762                                |
| If well produces oil or liquids,<br>give location of tanks.  | Unit Sec. Twp. Rge. Is gas actually connected? When                      |
| N 27 17S 35E   | Yes 11/24/64   |

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/> |                 |                   |
| 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 (pilot, 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.

I. R. Rush

(Signature)

Production Records Supervisor

(Title)

December 29, 1983

(Date)

## OIL CONSERVATION DIVISION

APPROVED JAN 16 1984, 19BY ORIGINAL SIGNED BY EDDIE SEAYTITLE 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 deepened well, this form must be accompanied by a tabulation of the deviated 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.

RECEIVED  
JAN 10 1984  
C.C.D.  
HOBBS OFFICE

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