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W.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATION	
PERMITS OFFICE	
OPERATOR	

P. O. BOX 2088  
SANTA FE, NEW MEXICO 8750

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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:	Changed from	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Phillips Oil Company August 1, 1985	
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	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Lease Name	124	Vacuum North Abo	State, Federal or Fee	B-1501
Santa Fe			State	

Location	Unit Letter	D	520	Feet From The	north	Line and	520	Feet From The	west
Line of Section	29	T. or Township	17 S	Range	35 E	NMPM,	Lea	Count	

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)		
Mobil Pipe Line Company		Box 633 Midland, Texas 79701		
Name of Authorized Transporter of Casinghead Gas <input checked="" 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 Odessa, Texas 79762		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	D	29	17S	35E
Is gas actually connected?	yes	When	7-1-72	

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

COMPLETION DATA									
Designate Type of Completion - <input checked="" type="checkbox"/>									
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
Elevations (DF, RKB, 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 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 (psig, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
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.	APPROVED AUG 12 1985
A. L. Rose	BY ORIGINAL SIGNED BY JERRY LEXTON
Controller	DISTRICT I SUPERVISOR
August 1, 1985	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 device tests taken on the well in accordance with RULE 111.
	All sections of this form must be filled out completely for all wells on new and recompleted wells.
	Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of core.
	Separate Forms C-104 must be filed for each pool in

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RECEIVED

AUG - 8 1985

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