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U.S.	
AND OFFICE	
TRANSPORTER	OIL
	GAS
PERMIT	
PERMIT OFFICE	
PERMIT	

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)

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, 1985

Change of ownership give name Phillips Oil Company 4001 Penbrook, Odessa, Texas 79762
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Lea	32	Vacuum (G-SA)	State, Federal or Fee State	B-4118

Location

Unit Letter N : 660 Feet From The south Line and 1980 Feet From The west

Line of Section 30 Township 17-S Range 34-E, NMPM, Lea Coun

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐

Texas New Mexico Pipeline 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 Penbook, Odessa, Texas 79762

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

Unit

D

Sec.

30

Twp.

17-S

Rgs.

34-E

Is gas actually connected?

yes

When

3-29-84

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, 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)

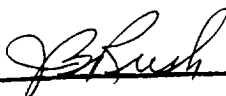
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puls, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-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.



J. B. Rush

(Signature)

Production Records Supervisor

(Title)

July 29, 1985

OIL CONSERVATION DIVISION

AUG - 6 1985

APPROVED

BY

ORIGINAL SIGNED BY JERAL SEXTON
DISTRICT SUPERVISOR

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 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 condi