

STATE	TEXAS
DATE	
WELL NO.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
INTERSTATE OR STATE	
GENERAL	

TEXAS STATE OIL COMMISSION, AUSTIN, TEXAS  
REGULATORY ALLOWANCE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Dated \_\_\_\_\_  
Supervisor \_\_\_\_\_ and  
Title \_\_\_\_\_

Well Oil Preparation

C-Block 1-TB, Zolfo, NM 88240

Reason(s) for filing (check proper box)

New well

Recompletion

Change in Ownership

Change in Transporter oil

Oil

Compressed Gas

Dry Gas

Condensate

Other (please explain)

Change recent farm out still  
planned injection  
State "N" Pg. 1

If change of ownership give name  
and address of previous owner Area

DESCRIPTION OF WELL AND LEASE

Land No.	Well No. (Block, Name, including Ranch)	County	Lease No.
<u>Section or unit 162</u>		<u>Taylor</u>	<u>State, Federal or Fee</u>
Block Letter	I	Foot From The South Line and	Foot From The East
Line or Section	36	Township	20-5
Range	36E	Section	1
		County	

SECTION 10 OF TRANSPORTER OF OIL AND NATURAL GAS

10.1 Not authorized Transporter of Crude Oil or Condensate

Address (Give address to which copies of this form is to be sent)

10.2 Not authorized Transporter of Compressed Gas	or City and	Address (Give address to which copies of this form is to be sent)
<u>Phillips Petroleum Company</u>		<u>4001 Brookwood, Odessa, TX 79761</u>
10.3 If well produces oil or liquids, give location of tanks.	Block	Is gas actually produced?
	Sect.	Block
	Top.	Block
	Gas Pay	Block
	Bottom	Block
	Depth	Block
	Top Gas Pay	Block
	Bottom Gas Pay	Block

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

PRODUCTION DATA

Designate Type of Completion - (X)	CH well	Sis Well	New Well	Workover	Drill Open	Plug Back	Other	Completion Date
Date Spudded								
	Date Comp., Ready to Prod.		Total Depth					
Actual, (IPD, R.R., RT, GR, etc.)	None of Producing Formation		Top CH Gas Pay					

Verifications

Depth Casing 3000

TUBING, CASING, AND CEMENTING SCHEDULE

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	BACK CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be over recovery of total volume of lead oil and must be equal to or exceed top allowable rate)

Actual New Casing To Test	Date of Test	Producing Method (Pump, gas lift, etc.)
Length of Test	Testing Pressure	Casing Pressure
Actual Prod. During Test	CH + GR	W.C. + D.O.S.

TEST WELL

Actual Prod. Test + W.C.	Length of Test	W.C. Surface No. M.D.P.	Gravity of Oil Sample
Test pressure (psi), (bar)	Testing Pressure (Casing-in)	Casing Pressure (Casing-in)	Choke Size

CERTIFICATE OF COMPLIANCE

hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

R.D. Pite  
(Signature)

AREA ENGINEER

(Title)

1-23-85

(Date)

(Month)

OIL CONSERVATION COMMISSION

APPROVED MAR 15 1985 , 19

BY ORIGINAL SIGNED BY JERRY SEXTON  
TITLE DISTRICT 1 SUPERVISOR

This form is to be filed in compliance with Rule 1104.

If this is a request for allowance for a newly drilled or deepened well, it is important to accompany this application with a written test taken on the well in accordance with Rule 1104.

All sections of this form are to be filled out except for those not applicable to your particular well.

For end copy, see Item I, II, III, and VI for definition of owner, well number, transporter, or other descriptive condition

RECEIVED  
FEB - 4 1985  
OAS  
HAROLD CRADLE