NO OF COPIES RECEIVED						
DISTRIBUTION						
SANTA FE		REQUEST FOR ALLOWABLE Super				
FILE	- KEWUES	REQUEST FOR ALLOWABLE				
U.S.G.S.	AUTHORIZATION TO T					
LAND OFFICE		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
TRANSPORTER OIL						
OPERATOR						
PRORATION OFFICE						
Operator						
Phillips Pe	troleum Company					
Address						
Room 711, F	hillips Bldg., Odessa, Texa					
Reason(s) for filing (Check pro. New Well		Other (Please explain)				
Recompletion X	Change in Transporter of:					
Change in Ownership		Gas				
	Casinghead Gas Con	densate				
If change of ownership give n and address of previous owne	ame r					
II. DESCRIPTION OF WELL	AND I FASE		· · · · · · · · · · · · · · · · · · ·			
Lease Name	Well No. Pool Name, Including	Formation Kind of Lease	Lease No.			
	5 Blinebry-Ga	IS STATES				
	110					
Unit Letter L ;_	660 Feet From The West L	ine and <u>2050</u> Feet From Th	south			
Line of Section 24	Township 22-S Range	37-е , ммрм,	Lea County			
I DESIGNATION OF TRANS						
Name of Althorized Transporter	Cf Cil Cor Condensate XX	Address (Give address to which approved	d conv of this fam.			
	exico Pipe Line Company		,			
NGT a: Authorized Transporter	of Crainghead Gas or Dry Gas X	Box 1510, Midland, Te Address (Give address to which approved	xas 79761			
, ,	Iral Gas Company					
If well pr duces oil or liquids,	Unit Sec. Twp. Ege.	Box 1384, Jal, New Mer	x1co 88252			
give location of tarks.	L 24 22-5 37-E		1-8-76			
If this production is comming!	ed with that from any other lease or pool		1-8-70			
COMPLETION DATA		, give comminging order number:				
Designate Type of Com	Detion - (N)	New Well Workover Deepen	Plug Back Same Resty, Diff. Resty.			
Date St Lates		X	x			
	Date Compl. Ready to Prod.		P.B.T.D.			
5-12-48 Elevations (DE RAP BT (B)	1-8-76 tc., Name of Producing Formation	6468	6180			
33221 Cm 33321 T	KD Discharger	Top Otl/Gas Pay	Tubing Depth 58481			
Fertications 5363-691, 53	75-79! 5120-31! 5138 111 51	5363	850 -sliding sleeve at			
5475-77 . 5528-30 . 55	KB Blinebry - gas 75-79',5429-31',5438-41',54 60-62',5640-45',5660-62',55	703 091 5721 221 5701 021	Septe Casing Shee			
5405', 5412', 5533', 55	34',5580', 5581',5598',5610	(5) = (5)	61,66,40			
HOLESIZE	CASING & TUBING SIZE	DEPTH SET				
$17\frac{1}{4}$ "	13-3/8"		SACKS CEMENT			
· 11"	8-5/8"	2954 661 2300 ex	85 sx Common.Circulated reg w/3% gel.Circulated			
<u> </u>	5-1/2"	6466.40' 700 sx	reg w/3% gel.TOC at 1967			
	2-3/8"		<u>106 W/ 50 get. 100 at 196</u>			
. TEST DATA AND REQUES		after recovery of total volume of load oil and	must be equal to or exceed top allow-			
Oll. WELL Date First New Cil Bun To Tank		epth or be for full 24 hours) Producing Method (Flow, pump, gas lift, e	tte. J			
Longth of Test	Tubing Pressure	Casing Pressure C	Choke Size			
Actual Pred, During Test	Oil-Bbls.	Water-Bble. G	iae - MCF			
1						
GAS WELL Well to be	potentialed into sales lin	e: Form C-122 to be filed	at that time			
Actual Pred. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF G	ravity of Condensate			
756	24 (on 1-16-76)	14	37			
Testing Method (pitot, back pr.)	Tubing Pressure (Shuttaik)	Casing Pressure (Shut-in) C	hoke Size			
flow	flwg 420#	pkr	18/64"			
. CERTIFICATE OF COMPLI	ANCE	OIL CONSERVATIO	ON COMMISSION			
			76			
I hereby certify that the rules i	and regulations of the Oil Conservation ed with and that the information given	APPROVED	, 1 9			
above is true and complete to	the best of my knowledge and belief.	BY John w. Ru	mitan			
		Card and				
Ala .	Λ	TITLE Geologist				
KIM IM		This form is to be filed in comp	Diance with RULE 1104.			
I falle	W. J. Mueller	If this is a request for allowable for a newly drilled or deepened				
PI (Signature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
$\overline{\mathcal{A}}$	Engineering Advisor		e filled out completely for allow-			
1-27-		able on new and recompleted wells.				
	(Date)	Fill out only Sections I. II. III well name or number, or transporter, or	, and VI for changes of owner, r other such change of condition.			
		• •	filed for each pool in multiply			
•		completed wells.				

STATE OF NEW MEXICO

INCLINAT	CM REPORT
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ONE COPY MUST BE FILED WITH EACH COMPLETION REPORT.

Field Name	Blinebry-	Gas		County Lea			
Operator	rator Phillips Petroleum Company			AddressRoom 711, Phillips CityOdessa, TX			
Lease Name	Sims			Well No 5	<u>449 1111111111</u>	<u>s chijodessa</u> , TX 79761	
Location -							
		line of Section	Teer Trom	the west	line and 20	50 feét from	
	bouth	_ line of Section		, Township	p <u>22-S</u>	, Range <u>37-E</u>	
		RECORD	OF INCLINA	<u>ATION</u>			
Depth (Feet		Angle of clination (Degrees	<u>)</u> <u>r</u>	Depth (Feet)	Inclinati	le of on_(Degrees)	
Well dril	led in 19	48; data taken	from ava	ilable recor	ds.	;	
575 1260 1690 1950 2435 2645 2900 3185 3530 3885 4245 4665 5188 5750 6175		$ \begin{array}{c} $			ds.		
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			- Regive	******	₩-₩.₩.₩.₩.₩.₩.₩.₩.₩.₩.₩.₩.₩.₩.₩.₩.₩.₩.₩		
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		a			4 		

I hereby certify that I have personal knowledge of the data and facts placed on this form and that such information given above is true and complete.

Engineering Advisor W. J. Mueller

Sworn and Subscribed to before me, this the 28th day of ______ January

orathy - V CF des R. R. M Dorothy V. Anderson

Notary Public in and for <u>Ector</u> County, Texas

My Commission Expires 6-1-77