## BTATE OF NEW MEXICO IGY AND MINERALS DEPARTMENT

| HOT AND WINVES   |     | 71.17    |          |
|------------------|-----|----------|----------|
|                  |     |          |          |
| DISTRIBUTION     |     |          |          |
| SANTA FE         |     |          |          |
| rne              |     |          |          |
| V.8.0.8.         |     | <b> </b> |          |
| LAND OFFICE      |     | -        | _        |
| TRANSPORTER      | DIL | 1        | <u> </u> |
|                  | OAB | 1_       |          |
| OPERATION        |     | <b>_</b> | _        |
| PROMATION OFFICE |     |          | L        |

1.

## OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE. NEW MEXICO 87501

| IANTA / B  | SANTA FE, NEW  | A WEXICO 91201   |  |   |                                       |  |
|--|--|--|--|---|---------------------------------------|--|
| U.S.O.S.   |  | ·  |  |   |                                       |  |
| TAMEPORTER DIL   |  | R ALLOWABLE<br>ND  |  |   |                                       |  |
| OPERATOR OAS   | AUTHORIZATION TO TRANSF  | •  | RAL GAS  |   |                                       |  |
| PROBATION OFFICE   |  |  |  |   |                                       |  |
| Phillips Oil Company   |  |  |  |   |                                       |  |
| Address  |  |  |  |   |                                       |  |
| 4001 Penbrook, Odessa  | a. Texas 79762   |  |  |   |                                       |  |
| Reason(s) for filing (Check proper box)  | )  | Other (Please  | explain)   |   |                                       |  |
| New Well   | Change in Transporter of:  |  |  |   |                                       |  |
| Recompletion   | Casinghead Gas Conden  | 7  |  |   |                                       |  |
| Change in Ownership X  | Catalighted dat []   |  |  |   |                                       |  |
| If change of ownership give name and address of previous owner   | Phillips Petroleum Compar  | ny. Odessa. Texa   | s 79762  |   |                                       |  |
| I. DESCRIPTION OF WELL AND I   | LEASE  |  | Kind of Lease  |   | Lease No.                             |  |
| Lease Name   | Well No. Pool Name, Including Fo   |  | State, Federal   | or Fee  | Lease No.                             |  |
| Sims<br>Location   | 6 East Brunson-  | -Ellenburger   |  | Fee   | -1                                    |  |
| Unit Letter M : 370  | Feet From The South Lin  | ne and <u>330</u>  | Feet From T  | The West  | · .                                   |  |
| Line of Section 24 T. A  | mahip 22—S Range 3   | 7-Е , ммрм   | Lea  |   | County                                |  |
|  |  |  |  |   |                                       |  |
| I. DESIGNATION OF TRANSPORT  | or Condensate  | Address (Give address )                                    | o which approv   | red copy of this form is t                        | o be sent)                            |  |
| Texas New Mexico Pipe  |  | Box 1510, Mid  | alna. Tex  | as 79701  |                                       |  |
| Name of Authorized Transporter of Cas  |  | Address (Give address                                      | o which approv   | ed copy of this form is t                         | o be sent)                            |  |
| Getty Oil Company  |  | Box 3000, Tul  |  |   |                                       |  |
| If well produces oil or liquids,   | Unit Sec. Twp. Rge. E 24 22-S: 37-E  | is gas actually connecte Yes                               |  | 6-11-77   |                                       |  |
| give location of tanks.  | <u> </u>   |  |  | 0-11-//   |                                       |  |
| If this production is commingled wit   | h that wem any other lease or pool,  |  |  |   |                                       |  |
| Designate Type of Completio  | Oli Well Gas Well  | New Well Workover  | Deepen   | Plug Back   Same Res                              | v. Diff. Resiv.                       |  |
|  | Date Compl. Ready to Prod.   | Total Depth  |  | P.B.T.D.  | _ i                                   |  |
| Date Spudded   | Date Campir Hoody to 7 1021  |  |  |   |                                       |  |
| Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Formation  | Top Oll/Gas Pay  |  | Tubing Depth                                      |                                       |  |
| Perforations   |  |  |  | Depth Casing Shoe                                 | <del></del>                           |  |
|  |  |  |  |   | <del> </del>                          |  |
|  | TUBING, CASING, AND  | DEPTH SE   |  | SACKS CEM   |                                       |  |
| HOLE SIZE  | CASING & TUBING SIZE   | DEF 1 N S  |  |   |                                       |  |
|  |  |  |  |   |                                       |  |
|  |  |  |  | <u> </u>  |                                       |  |
|  |  | ·—————————————————————————————————————                     |  | <u> </u>  |                                       |  |
| TEST DATA AND REQUEST FO   | )R ALLOWABLE (Test must be a) able for this de   | fier recovery of total volu<br>pth or be for full 24 hours | me of load oil t<br>·)   | and must be equal to or e                         | xceed top attous                      |  |
| OIL WELL Date First New Oil Run To Tunks   | Date of Test   | Producing Method (Flou                                     | , pump, gas lif  | i, etc.)  |                                       |  |
|  |  |  |  |   |                                       |  |
| Length of Test   | Tubing Pressure  | Casing Pressure  | •  | Choke Size  | ,                                     |  |
| Actual Prod. During Test   | Oil-Bhis.  | Water-Bble.  |  | Gas-MCF   |                                       |  |
|  |  |  | <u></u>  |   |                                       |  |
|  |  |  |  |   |                                       |  |
| GAS WELL Actual Prod. Teet-MCF/D   | Length of Test   | Bbis. Condensate/MMC                                       | F  | Gravity of Condensate                             | <del></del>                           |  |
|  |  |  |  |   |                                       |  |
| Teeting Method (pitot, back pr.)   | Tubing Presewe (Shut-in)   | Casing Pressure (Shut-                                     | -in)   | Choke Size  |                                       |  |
| I. CERTIFICATE OF COMPLIANCE   | Œ  | QIL CI   | ONSERVAT   | ION DIVISION                                      | · · · · · · · · · · · · · · · · · · · |  |
|  |  |  | unu 9 9  | 1003  | 10                                    |  |
| Division have been complied with and that the information given  |  |  |  |   |                                       |  |
|  |  | -BYORIG  | ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR          |   |                                       |  |
| ·  |  | TITLE  | DISTRICT   | 1301681.55  |                                       |  |
| 20   |  | This form is to be filed in compliance with RULE 1104.     |  |   |                                       |  |
| J. B. Rush  If this is a request for allowable for a newly drilled well, this form must be accompanied by a tabulation of tests taken on the well in accordance with MULE 111. |  |  | ed or deepened   |   |                                       |  |
|  |  |  | this form must be accompanied by a labulation of the daviation |   |                                       |  |
|  | roduction Records Supervisor All sections of this form must be fulled out completely for |  |  | itely for allow-                                  |                                       |  |
| (Tal   | •/   | able on new and re-  | completed we   | 11.   |                                       |  |
| 11-3-83 (Dat   | (•)  | wall name or number  | r, or trunsport  | , III, and VI for char<br>er, or other auch chang | e of condition.                       |  |
| 11701  |  | Sourcete Forms   | C-104 must   | be filed for each po                              | ool in multipi,                       |  |
|  | •  | completed wells.   |  |   | •                                     |  |

