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TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input checked="" type="checkbox"/>
OPERATION	
REGISTRATION OFFICE	

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

AUG 01 '85

REQUEST FOR ALLOWABLE
AND

C. C. D. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

ARTESIA, OFFICE

PHILLIPS PETROLEUM COMPANY

4001 Penbrook Odessa, Texas 79762

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☒

Change in Transporter of:

Oil ☐Dry Gas ☐Casinghead Gas ☐Condensate ☐

Other (Please explain)

Changed from
Phillips Oil Company August 1, 1985If change of ownership give name
and address of previous owner

PHILLIPS OIL COMPANY 4001 Penbrook Odessa, Texas 79762

DESCRIPTION OF WELL AND LEASE

Lease Name Keely C	Well No. 13	Pool Name, including Formation Grayburg-Jackson-SR-Q-G-SA	Kind of Lease State, Federal or Fee Federal	LC Lease No. 28784-C
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Location	Unit Letter H	1980	Feet From The North	Line and 660	Feet From The East	Eddy	County
Line of Section	25	T. or S.	17-S	Range	29-E	NMPM,	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company - Pipeline Division	Address (Give address to which approved copy of this form is to be sent) P. O. Box 159 Artesia, New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook Odessa, Texas 79762					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 25	Twp. 17S	Rge. 29E	Is gas actually connected? Yes	When March 1, 1962

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. Res
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
			Pack ID-3
			8-9-85
			Chg Op Name

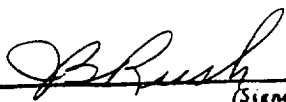
TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL(Test must be after recovery of total volume of load oil and must be equal to or exceed top all
able for this depth or be for full 24 hours)

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 (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-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

Production Records Supervisor

(Title)

July 26, 1985

(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 6 1985, 19

BY ORIGINAL SIGNED
BY LARRY BROOKS
TITLE GEOLOGIST - NMOC

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

If this is a request for allowable for a newly drilled or deeper
well, this form must be accompanied by a tabulation of the deviat
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for all
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of ow
well name or number, or transporter, or other such change of conditSeparate Forms C-104 must be filed for each pool in mult
compleated wells.