

RECEIVED	OIL CONSERVATION DIVISION
	P. O. BOX 2088
	SANTA FE, NEW MEXICO 87501
AUG 01 '85	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
O. C. D.	
ARTESIA, NM	

NO OF COPIES DESIRED	
DISTRIBUTION	
STATE	
FED.	
U.S.A.	
AND OFFICE	
TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input checked="" type="checkbox"/>
PERMIT	
NOTATION OFFICE	

PHILLIPS PETROLEUM COMPANY

Address 4001 Penbrook Odessa, Texas 79762

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐ Other (Please explain) Changed from Phillips Oil Company August 1, 1985

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☒

Change of ownership give name and address of previous owner PHILLIPS OIL COMPANY 4001 Penbrook Odessa, Texas 79762

DESCRIPTION OF WELL AND LEASE

Well Name Keely C 1-1	Well No. 51	Pool Name, including Formation Grayburg-Jackson-SR-Q-G-SA	Kind of Lease State, Federal or Fee Federal	LC Lease No. 028784-C
-----------------------	-------------	---	---	-----------------------

Location

Unit Letter F; 1980 Feet From The North Line and 1980 Feet From The West

Line of Section 13 Township 17-S Range 29-E, NMPM, Eddy County

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 H	Sec. 13	Twp. 17S	Rge. 29E	Is gas actually connected? Yes	When November 1, 1971
--	--------	---------	----------	----------	--------------------------------	-----------------------

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'tv.	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
			Past ID-3
			8-9-85
			Chg Up 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 oil 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 (pump, 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
(Signature)
Production Records Supervisor
(Title)
July 26, 1985
(Date)

OIL CONSERVATION DIVISION
APPROVED AUG 7 1985, 19
BY ORIGINAL SIGNED
BY LARRY BROOKS
GEOLOGIST - NMOC
TITLE

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 device tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
This form must be filed for each pool in multi-