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SANTA FE		1	
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LAND OFFICE			
TRANSPORTER	OIL	1	
INANSPORTER	GAS		
OPERATOR		3	
PROBATION OFFICE			

SANTA FE /		ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110	
FILE /		AND	Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL G	SAS	
LAND OFFICE				
TRANSPORTER OIL /			RECEIVED	
OPERATOR 3				
I. PRORATION OFFICE Operator			- ((1) - 11559	
General American O	11 Company of Times			
Address			ARTEBIA, OFFICE	
P. O. Box A16. Local Reason(s) for filing (Check proper to New Well	hills, New Maxico 88255 box) Change in Transporter of:	Other (Please explain)	OFFICE	
Recompletion	Oil 🗶 Dry Gas	s	•	
Change in Ownership	Casinghead Gas Conden	sate		
If change of ownership give nam and address of previous owner	e			
II. DESCRIPTION OF WELL AN	D LEASE Well No. Pool Name, Including Fo	ormation Kind of Lease	e Ligease No.	
Keely C	23 Grayburg-Ja	State, Federa	or Fee Federal 028784-C	
Location	A) Waylong V			
Unit Letter M;	Feet From The South Line	e and Feet From '	The West	
omi Letter				
Line of Section 25	Township 17-S Range	29_E , NMPM,	County	
III. DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL GA	S Address (Give address to which appro-	ved copy of this form is to be sent)	
Navaio Refining Com	neny. Pipe Line Division	North Freeman Avanue. Address (Give address to which appro	Artesia, New Mexico	
Name of Authorized Transporter of	Casinghead Gas or Dry Gas	}	ved copy of this form is to be sent)	
Phillips Petroleum	Company	Phillips Building, Of	essa, Texas	
If well produces oil or liquids,	Unit Sec. Twp. rge.	15 945 2514411, 25111111111		
give location of tanks.	F 25 17-S 29-E	Yes	March 1, 1962	
If this production is commingled	with that from any other lease or pool,	give commingling order number:		
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Compl	etion - (X)	1 1		
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	
		<u> </u>	Depth Casing Shoe	
Perforations			Depth Casing Shoc	
	TURING CASING AND	CEMENTING BECORD	<u> </u>	
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	527111021		
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow	
OIL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas l		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas a	iji, eic.)	
	The blue - December	Casing Pressure	Choke Size	
Length of Test	Tubing Pressure	Casing 1 1000 mo		
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
Wolfagt Light Daring Last	J			
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
		 		
VI. CERTIFICATE OF COMPLI	IANCE		ATION COMMISSION	
			24 1969 19	
I 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.		By W.a. Gressett		

ME Halles	W.	E.	Welter
(Signature)		_	
District Superintendent (Title)			

(Date)

May 29, 1969

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

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow-able 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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.