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JUN 24 1983

O. C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
INSTITUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.E.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
DIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	
PRODUCTION OFFICE	

I. OPERATOR  
Phillips Oil Company

Address  
P. O. Box 128, Loco Hills, NM 88255

Reason(s) for filing (Check proper box)  
 New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate   
 Other (Please explain)  
 Change in Lease Name  
 Maddren B

If change of ownership give name and address of previous owner  
 General American Oil Co. of Texas, P. O. Box 128, Loco Hills, NM 88255

II. DESCRIPTION OF WELL AND LEASE  
 Lease Name: Maddren-B #11 Fed  
 Well No.: 11  
 Pool Name, including Formation: Jackson-Abo  
 Kind of Lease: State, Federal or Fee Federal  
 Lease No.: LC 060528  
 Location:  
 Unit Letter: E ; 2310 Feet From The North Line and 990 Feet From The West  
 Line of Section: 23 Township: 17-S Range: 30-E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
 Name of Authorized Transporter of Oil  or Condensate   
 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  or Dry Gas   
 Address (Give address to which approved copy of this form is to be sent)  
 If well produces oil or liquids, give location of tanks:  
 Unit: H Sec.: 22 Twp.: 17S Rge.: 30E  
 Is gas actually connected? NO When:

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA  
 Designate Type of Completion — (X)  
 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

V. 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 allowable 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 (pilot, back pr.): Tubing Pressure (shut-in): Casing Pressure (shut-in): Choke Size:

VI. 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.  
 Lendell N. Hawkins (Signature)  
 Field Superintendent  
 April 11, 1983 (Date)  
 OIL CONSERVATION DIVISION  
 APPROVED JUN 28 1983  
 Original Signed by Leslie A. Clements  
 Supervisor District II  
 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 deviated 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 change of ownership, well name or number, or transporter, or other such change of conditions. Separate Forms C-104 must be filed for each pool in multi-