

JUN 24 1983

O. C. D.
ARTEGIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF OFFICES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
REGISTRATION OFFICE	

Operator: Phillips Oil Company ✓
Address: P. O. Box 128, Loco Hills, New Mexico 88255

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

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

DESCRIPTION OF WELL AND LEASE:
 Lease Name: Keely-C Fed Well No.: 15 Pool Name: Grayburg-Jackson Kind of Lease: Federal Lease No.: LC 028784-C
 Location: Unit Letter L, 1980 Feet From The South Line and 660 Feet From The West
 Line of Section 26 Township 17-S Range 29-E, NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS:
 Name of Authorized Transporter of Oil or Condensate : Navajo Refining Company - Pipeline Division Address: P.O. Box 159 Artesia, New Mexico 88210
 Name of Authorized Transporter of Castinthead Gas or Dry Gas : Phillips Petroleum Company Address: Phillips Building 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

COMPLETION DATA:
 Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
 Date Spudded: Date Compl. Ready to Prod. Total Depth: P.B.T.D.
 Elevations (DF, RKB, RT, CR, 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

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

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)
 Lendell N. Hawkins Field Superintendent (Title)
 April 11, 1983 (Date)

OIL CONSERVATION DIVISION
 JUN 28 1983
 APPROVED: _____, 19____
 BY: Leslie A. Clements Supervisor District II
 TITLE: _____
 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 changes of own well name or number, or transporter, or other such change of condition. Separate forms C-104 must be filled for each pool in multi-