

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

JUN 24 1983

O. C. D.

ARTESIA OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.

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

Reason(s) for filing (Check proper box)

New Well ☐  
Recompletion ☐  
Change in Ownership ☒

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Change in Lease Name

GAO State

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

## II. DESCRIPTION OF WELL AND LEASE

Lease Name GAO State #1-36	Well No. 1	Pool Name, including Formation Wildcat -Penn.	Kind of Lease State, Federal or Fee State	Lease No. G-3160
Location Unit Letter <u>H</u> : <u>660</u> Feet From The <u>East</u> Line and <u>2206'</u> Feet From The <u>North</u> Line of Section <u>36</u> Township <u>7-South</u> Range <u>28-East</u> , NMPM, <u>Chaves</u> County				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
K.B. Kennedy Engineering Co.	P.O. Box 6609 RIAC, Roswell, New Mexico 88201	
If well produces oil or liquids, give location of tanks.	Unit <u>H</u>	Sec. <u>36</u>
	Twp. <u>7S</u>	Rge. <u>28E</u>
	Is gas actually connected? <u>Yes</u> When <u>July 21, 1981</u>	

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)	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, 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  
Lendell N. Hawkins (Signature)  
Field Superintendent (Title)

April 11, 1983 (Date)

## OIL CONSERVATION DIVISION

APPROVED JUN 28 1983, 19Original Signed By  
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 deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable 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 multiple.