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O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

I. Operator Phillips Oil Company

Address P. O. Box 128, Loco Hills, New Mexico 88255

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Change in Lease Name	
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Keely C	
		Dry Gas	<input type="checkbox"/>		
		Condensate	<input type="checkbox"/>		

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	<u>Keely-C Fed</u>	Well No.	<u>45</u>	Pool Name, including Formation	<u>Grayburg-Jackson (metex)</u>	Kind of Lease	<u>Federal</u>	Lease No.	<u>LC 028784-C</u>
Location									
Unit Letter	<u>H</u>	: 1980	Feet From The	<u>North</u>	Line and	<u>735</u>	Feet From The	<u>East</u>	
Line of Section	<u>13</u>	Township	<u>17-S</u>	Range	<u>29-E</u>	NMPM,	<u>Eddy</u>	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	<u>Navajo Refining Company — Pipeline Division</u>			Address (Give address to which approved copy of this form is to be sent)		<u>P.O.Box 159 Artesia, New Mexico 88210</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	<u>Phillips Petroleum Company</u>			Address (Give address to which approved copy of this form is to be sent)		<u>Phillips Building Odessa, Texas 79762</u>
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>H</u>	<u>13</u>	<u>17S</u>	<u>29E</u>	<u>Yes</u>	<u>May 26, 1971</u>

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

V. COMPLETION DATA

Designate Type of Completion — (X)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Some Rest'v.	<input type="checkbox"/> Diff. Rest'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/MCF	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
April 11, 1983
(Date)

OIL CONSERVATION DIVISION
JUN 24 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 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.
Form C-104 must be filed for each pool in multi-