

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

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O. C. D.  
ARTESIA, OFFICE

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| SANTA FE FILE          |                                     |
| U.S.U.S.               |                                     |
| LAND OFFICE            |                                     |
| TRANSPORTER            | <input checked="" type="checkbox"/> |
| OPERATOR               | <input checked="" type="checkbox"/> |
| PRODUCTION OFFICE      |                                     |

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Phillips Oil Company

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

|   |                                       |
|---|---------------------------------------|
| Reason(s) for filing (Check proper box)   | Other (Please explain)                |
| New Well <input type="checkbox"/>   | <del>Change in Lease Name</del>       |
| Recompletion <input type="checkbox"/>   | <del>Grayburg-Keely Unit Tr. BC</del> |
| Change in Ownership <input checked="" type="checkbox"/>   |                                       |
| Change in Transporter of:<br>Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/><br>Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |                                       |

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<br><u>Grayburg-Keely Unt Tr. BC</u>   | Well No.<br><u>4</u>  | Pool Name, Including Formation<br><u>Grayburg-Jackson 3R 9-9 3A</u> | Kind of Lease<br>State, Federal or Fee <u>Federal</u> |
| Location<br>Unit Letter <u>J</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> | Line of Section <u>23</u> Township <u>17-S</u> Range <u>29-E</u> , NMPM, <u>Eddy</u> County |   |   |

| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  |   |  |                              |
|--|---|--|------------------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br><u>Navajo Refining Company - Pipeline Division</u> | Address (Give address to which approved copy of this form is to be sent)<br><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"/><br><u>Phillips Petroleum Company</u>          | Address (Give address to which approved copy of this form is to be sent)<br><u>Phillips Building Odessa, Texas 79762</u>  |  |                              |
| If well produces oil or liquids, give location of tanks.   | Unit<br><u>N</u>  | Sec.<br><u>23</u>                        | Twp.<br><u>17S</u>           |
|  | Rge.<br><u>29E</u>  | Is gas actually connected?<br><u>Yes</u> | When<br><u>March 1, 1962</u> |

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

| COMPLETION DATA  |                             |          |                 |          |        |                   |             |              |  |
|--|-----------------------------|----------|-----------------|----------|--------|-------------------|-------------|--------------|--|
| Designate Type of Completion - <input checked="" type="checkbox"/> | 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 |
|                                      |                      |           |              |
|                                      |                      |           |              |

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  
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 # \_\_\_\_\_

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 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.