| | | | RECEIVED |
|---|---|---|---|
| FANIA FU L FILE C U S.U.S. | SANTA FE, NEW MEXICO 87501 | | JUN 24 1983 |
| CAND UPFICE TRANSFORTER OIL U TRANSFORTER OIL U AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | O. C. D. ARTESIA, OFFICE | |
| PADATION DEFECE | | | |
| Phillips O | il Company | | |
| | 128, Loco Hills, New Mexi | 0 88255 Other (Please explain) | <u></u> |
| Reason(s) for filing (Check proper box) New Well | Change in Transporter of: | Change in Lease | Name |
| Recompletion Change in Ownership X | CKI Dry Cas Desinghead Gas Conden: | | |
| | General American Oil Co. | of Texas, P. O. Box 128, | Loco Hills, NM 88255 |
| DESCRIPTION OF WELL AND | LEASE Hell No. Pool Name, Including Fo | rmation Kind of Lease | Lease No. |
| Keely -B F | | | or Foo Federal |
| Location Unit Letter C : 660 | North | and Feet From T | Wost |
| 25 - | mahip 17-S Range | 29-Е, ммрм, | Eddy County |
| | | 5 | |
| None of Authorized Transporter of Cil | X or Condensate | Address (Groe Bauress to Enter opport | |
| Navajo Refining Company — Pipeline Division P.O. Box 159 Artesia, New Mexico 88210 Name of Authorized Transporter of Casinghead Gas (X) or Dry Gas Address (Give address to which approved copy of this form is to be supervised to | | | ed copy of this form is to be sent) |
| Phillips Petroleum Company Unit Sec. Twp. Rge. Is gas actually connected? When | | | |
| If well produces oil or liquida, give location of tanks. | B 26 17S 29E | Yes | January 3, 1983 |
| If this production is commingled with COMPLETION DATA | th that from any other lease or pool, | | |
| Designate Type of Completic | on - (X) Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Res'v. Dill. Ros'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 Oll/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 F | OR ALLOWABLE (Test must be a) able for this de | fier recovery of total volume of load oil pth or be for full 24 hours) | and must be equal to or exceed top allow- |
| OIL WELL Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas li | ft, etc.) |
| Length of Test | Tubing Pressute | Cosing Pressure | Choke Size |
| Actual Prod. During Test | Oil-Bble. | Water-Bbls. | GOD-MCF |
| | | | he was |
| GAS WELL | | | Gravity of Condensate 10 |
| Actual Prod. Tool-MCF/D | Length of Test | Bbis. Condensate/MMCF | V |
| Teating Method (pirot, back pr.) | Tubing Presewe (Shut-in) | Cosing Pressure (Thut-in) | Choke Size |
| I. CERTIFICATE OF COMPLIAN | CE | DIL CONSERVAT | |
| 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. | | APPROVED | |
| | | BYLoclie_A, Clements Supervisor District II | |
| | | TITLE | |
| Placen Maurina | | This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despense. | |
| Lendell N. Hawkins (Signolwe) | | If this is a request for anowable to a tabulation of the deviation well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111. All sections of this form must be filled out completely for allow | |
| | erintendent | able on new and recompleted w | t 111 and VI for chances of owner |
| april 11, 1983 (Vote) | | Fill out only Sections I. 11, 111, and VI for changes of owner well manie or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each post in multiply | |
| • | | Separate Forma C-104 mut | ······································ |