ERGY AND MINERALS DEPARTMENT	OIL CONSERVA P. O. BO SANTA FE, NEW	X 2008	RECEIVED
FILE FILE V.S.U.S. FILE LAND UPFICE OIL IMANSFORTER OIL OPERATOR V	REQUEST FOR	•	JUN 24 1983 O. C. D. Artesia, Office
PROMATION OFFICE	11 Company		
Address			. <u> </u>
P. U. BOX I Reoson(s) for filing (Check proper box)	128, Loco Hills, New Mexi	.co 88255 Other (Please explain)	
New Well Recompletion Change in Ownership	Change in Transporter of: Cil Dry Ga Casinghead Gas Conden	C Keelv B	e Name
If change of ownership give name G and address of previous owner	General American Oil Co.	of Texas, P.O. Box 128,	Loco Hills, NM 88255
Lease Nome Keely-B Fee	hell No. Pool Name, Including re		Federal 1028784-93
Location C 25	North	1345 • and Feet From	West
Unit Letter; 25 Line of Section T. A	Feet From The Line 17-S Maship Range	29-Е , ммрм,	Eddy County
I. DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S And:ess (Give address to which app	roved copy of this form is to be sentj
Navajo Refining Company — Pipeline Division P.O. Box 159 Artesia, New Mexico 88210 Navajo Refining Company — Pipeline Division P.O. Box 159 Artesia, New Mexico 88210 Navajo Refining Company — Pipeline Division P.O. Box 159 Artesia, New Mexico 88210		, New Mexico 88210 roved copy of this form is to be sent)	
Phillips Petroleum Company Phill		Phillips Building Od	essa, Texas 79762
If well produces oil or liquids, give location of tanks.	B 26 17S 29E	Yes	March 1, 1962
If this production is commingled with COMPLETION DATA	th that from any other lease or pool,	give commingling order number:	Plug Back ¹ Same Res'v. ¹ Diff. Res'v.
Designate Type of Completio	n = (X)		P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT
HOLESIZE			
· · · · · · · · · · · · · · · · · · ·			
'. TEST DATA AND REQUEST FO OIL WELL Date First New Cil Run To Tanks	DR ALLOWABLE (Test must be a able for this de	fier recovery of total volume of load a pih or be for full 24 hours) Producing Method (Flow, pump, gas	bil and must be equal to or exceed top allow-
	Tubing Pressure	Casing Pressure	Choke Size
Length of Test	Cil-Bbis.	Waier-Bble.	Gas-MCF
Actual Prod. During Test			
GAS WELL			Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Choke Size
Testing Method (pitol, back pr.)	Tubing Pressure (Shnt-in)	Cosing Pressure (Shut-in)	
I. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oll Conservation		DIL CONSERVATION DIVISION JUN 2 8 1983	
I hereby certify that the rules and regulations of the on construction Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		Original Signed By BYtestie A. Clements	
•		TITLESupervisor Dist	
Lendell N. Hawkins (Signaliwe) Field Superintendent (Tule)		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepenew 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- able on new and recompleted wells. Fill out only Sections I, II, III, and VI for charges of owner, well name or number, or transporter, or other such change of condition.	
infance (1)	sie)	Separate Forms C-104 m	unt he filed for each pool in multipa