

NO OF EXPLOS RECEIVED			
DISTRIBUTION			
SANTA FE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
FILE		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
U.S.O.S.			
LAND OFFICE			
TRANSPORTER	OIL	<input checked="" type="checkbox"/>	
	GAS	<input checked="" type="checkbox"/>	
OPERATOR		<input checked="" type="checkbox"/>	
OPERATION OFFENSE			

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"/>	Change in Transporter of:	Change in Lease Name
Recompletion	<input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
		Keely C	

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 Keely-C Fed		Well No. 8	Pool Name, Including Formation Grayburg-Jackson (Grayburg & Jackson)		Kind of Lease State, Federal or Free Federal	Lease No. 628784-C
Location <div> Unit Letter <u>A</u> <u>660</u> North <u>660</u> East Feet From The _____ Line and _____ Feet From The _____ <u>25</u> Township <u>17-S</u> Range <u>29-E</u> Eddy County </div>						

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)		
Navajo Refining Company — Pipeline Division				P.O. Box 159 Artesia, New Mexico 88210		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)		
Phillips Petroleum Company				Phillips Building Odessa, Texas 79762		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	25	17S	29E	Yes	March 1, 1962

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

V. COMPLETION DATA

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)

OIL WELL			
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)	Coating Pressure (shut-in)	Choke Size

1. 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 (Signature)
Field Superintendent

April 11, 1923 (Date)

OIL CONSERVATION DIVISION

APPROVED JUN 28 1983, 19
Original Signed By
BY Leslie A. Clements
Supervisor District II

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate 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 Form C-104 must be filed for each pool in multiple related wells.