

RECEIVED		SANTA FE, NEW MEXICO 87711	
AUG 01 '85		REQUEST FOR ALLOWABLE AND	
O. C. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		ARTESIA OFFICE	
Operator PHILLIPS PETROLEUM COMPANY			
Address 4001 Penbrook Odessa, Texas 79762			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Changed from Phillips Oil Company August 1, 1985	
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
Change in Ownership <input checked="" type="checkbox"/>			
If change of ownership give name and address of previous owner PHILLIPS OIL COMPANY 4001 Penbrook Odessa, Texas 79762			
DESCRIPTION OF WELL AND LEASE			
Lease Name Keely C	Well No. 24	Pool Name, including Formation Grayburg-Jackson-SR-Q-G-SA	Kind of Lease State, Federal or Fee Federal
Location Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West Line of Section 25 Township 17-S Range 29-E, NMPM, Eddy County			LC Lease No. 028784 -C
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company - Pipeline Division		Address (Give address to which approved copy of this form is to be sent) 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"/> Phillips Petroleum Company		Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook Odessa, Texas 79762	
If well produces oil or liquids, give location of tanks. Unit F Sec. 25 Twp. 17S Rge. 29E		Is gas actually connected? Yes When March 1, 1962	
If this production is commingled with that from any other lease or pool, give commingling order number:			
COMPLETION DATA			
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Re			
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
			Pack ID-3
			8-9-85
			Chg Op Name
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 of well 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 (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION	
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 AUG 6 1985, 19	
J. B. Rush (Signature)		Original Signed By Les A. Clements	
Production Records Supervisor (Title)		TITLE Supervisor District II	
July 26, 1985 (Date)		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the dev. tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for a well on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions. Separate Forms C-104 must be filled for each pool in multi-completed wells.	