. 10	RGY AND MINERALS (Revised	10-1-78	
ч. (** ** ***** ******		OIL	CONSERVA		IVIS	∠N ₁	RECEIVED		
				P. O. BOX 2088 SANTA FE, NEW MEXICO 87501						
	r +L @	ZZ	3		,		. 11	JN 24 19 83		
	V S.U.S.						JU	JIN 2 4 150J		
								O. C. D.		
	OPENAT-OR		AUTHORIZ	ATION TO TRANSF	PORT OIL AN	ND NATU		TESIA, OFFICE		
۱.	PROMATION OFFICE						<u></u>	······································		
	Phillips Oil Company W									
	Address P. O. Box 128, Loco Hills, New Mexico 88255									
	P. O. Box 128, Loco Hills, New Mexico 88255 Reoson(s) for filing (Check proper box) Other (Please explain)									
	Reason(s) for filing (New Well	Check proper 601		ransporter of:		•	in Lease	Name		
	Recompletion	ď	Oil	Dry Co	1 1 1	-		•		
	Change in Ownership	,×	Casinghead	Gas Conden		Keely	<u> </u>			
	If change of owners)	hip give name	General Ame	rican Oil Co.	of Texas	, P. O.	Box 128,	Loco Hills, NI	M 88255	
	and address of previ	ious owner								
1	DESCRIPTION OF WELL AND LEASE 21- A-J. 22 Lind of Longe No.									
••	Lease Name	_	Well No. P	ool Name, Including Fo	· · · · · · · · · · · · · · · · · · ·		Kind of Lease	or F Federal	LC028784-C	
		Keely-C Fe	ed 39 (Grayburg-Jacks	son (or bg.	-5.A.	Sidle, Feberul	bir •• reuerar		
	Location	в 25		North TheLin	261	5	Fast From T	East		
	Unit Letter	;;								
	Line of Section	25 <u>τ</u>	malip	17-S Range	29-1	^Е , ммри	٨,	Eddy	County	
					c					
I.	DESIGNATION OF	F TRANSPOR	X or Conc	ND NATURAL GA	Address (Giv	e address	to which approv	ed copy of this form is i	io be sent)	
	Navaio Refi	ining Compai	nv Pipel ⁻	ine Division	P.O. Bo	ox <u>159</u>	Artesia,	New Mexico 88	3210	
	Name of Authorized Transporter of Casingread Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent)									
	Phillips Pe	etroleum Com			Phillip			ssa, Texas 797	62	
	If well preduces oil or liquids,									
	cive location of tanks. F 25 175 29E TES									
ν.	COMPLETION D/	ATA			TNew Well	Workover	Deepen	Plug Back Same Re	s'v. Diff. Res'y.	
	Designate Typ	e of Completie	$on - (\mathbf{X})$	Well Gas Well	I I I	HOILOVEI	i i	i i	1	
	Date Spudded		Drie Compl. Rev	dy to Prod.	Total Depth			P.B.T.D.		
	Elevations (DF, RKB	3, RT., GR, etc.j	Name of Produci:	ng Formation	Top Oil/Gas	Pay		Tubing Depth		
			1		1			Depth Casing Shoe		
	Perforations									
	TUBING, CASING, AND CEMENTING RECORD									
	HOLE	SIZE	CASING &	TUBING SIZE		DEPTHS	ET	SALKS CE		
					<u> </u>			i		
, ' .	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours)									
	OIL WFLL. able for this depin or be for juil 24 nound) Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)									
	traie i trai iten on i							Choke Size		
	Length of Test		Tubing Pressure		Casing Pres	ទយ៩		Choice Sile 1 1 13	42 .	
	Actual Prod. During		Oll-Bbls.		Water-Bbls.			GOB - MOF	N	
	Actual Pres. During	,						1 0 m 1	1112	
	K A DA IL									
	GAS WELL		1		Bbls. Conde	naute/AM	CF	Gravity of Condential	•	
	Actual Frad. Test-k	ACF/D	Longth of Test	·	Dur. co.ke					
	Testing Method (pito	or, back pr. 1	Tubing Presewe	(shut-in)	Cosing Pres	ame (2pa	t-in)	Choke Size		
1					ļ	<u> </u>]		
1.	CERTIFICATE OF COMPLIANCE					DIL 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.				APPROV	APPROVED JUN 2 4 1983				
						Original Signed By				
					-BY	- BYLoslie A. Clements Supervisor District II				
					TITLE _	TITLE				
	\sim	_ /			Thie	This form is to be filed in compliance with RULE 1104.				
,	Sendell Naukins				If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation well, this form must be accompanied by a tabulation of the deviation					
-	Lendell N. Hawkins (Signoture)				11 Junia 18ki	I tests taken on the well in accordance with NOCK its.				
	Field Superintendent (Tule)				li -lula on n	All sections of this form must be filled out completely for allow able on new and recompleted wells.				
	April 11 1983				17	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				
	upra 11,	· (D).	ale)		II well name	Separate Forms C-104 must be filed for each pool in multiple				
					helit					