t)(TAGY AND MINERALS DEPARTMENT	OUL CONSERVA	ATION DIVIS	Form C-104 Revised 10-1-78					
		P. O. DC	рх 208в ^т	RECEIVED					
	FANTA FT FILE U.1.0.0.	SANTA FE, NEV	W MEXICO 87501	JUN 24 1983					
	LAND DEFICE		RALLOWABLE	O. C. D.					
	TRANSPORTER DAS		ND PORT OIL AND NATURAL GAS	ARTESIA, OFFICE					
1.	PRONATION DPPICE Operator								
	Phillips Oil Company								
	P. O. Box 128, Loco Hills, New Mexico 88255								
	Reason(s) for filing (Check proper box) New Well Change in Transporter ol: Change in Lease Name								
	Recompletion Change in Ownership X	Oil Dry Go Casingheod Gas Conde							
	If change of ownership give name (and address of previous owner	General American Oil Co.	of Texas, P. O. Box 128	, Loco Hills, NM 88255					
1	DESCRIPTION OF WELL AND	LEASE	·						
•••	Lease Name Keely-C F	Well No. Pool Name, Including F		ral or Fee Federal Lease No. LC 028784-C					
	Location		- segural	<u> </u>					
	Unit Letter A : 25	Feet From The North Lir	ne and 25 Feet From	The East					
	Line of Section 25 T.	waship 17-5 Range	29-Е, ММРМ,	Eddy County					
1.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	15						
	Nenie of Authorized Transporter of Cil	I X or Condensate	P.O. Box 159 Artesia	roved copy of this form is to be sent) A. New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas () or Dry Gas Address (Give oddre				roved copy of this form is to be sent;					
	Phillips Petroleum Company Phillips Building Odessa Texas 79762 Unit Sec. Twp. Rge. Is gas ectually connected? When								
	give location of tarks. F 25 17S 29E Yes March 1, 1962								
	If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,		· · · · · · · · · · · · · · · · · · ·					
•••	Designate Type of Completio	on - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Ros'v.					
	Date Spudded	Dete Compl. Ready to Prod.	Total Dopth	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					
	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fier recovery of total volume of load o	il and must be equal to or exceed top allow					
	OIL WELL able 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.)								
		Tubing Pressure	Casing Pressure	Choke Size					
	Length of Test			1 1 1 1					
	Actual Pred. During Test	Cil-Bble.	Water-Bbls.	Gas-MCF() () ()					
				Win Gran					
]	GAS WELL	Length of Test	Bbls. Condensate/AMCF	Gravity of Goddenate					
	Tesung Method (puot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size					
.	CERTIFICATE OF COMPLIAN	<u> </u>		ATION DIVISION					
			APPROVED JUN 2 4 1983						
	I hereby certify that the rules and regulations of the Oll Conservation 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 -BYLeslie A. Clements Supervisor District II						
			TITLE						
Lendell N. Hawkins (Sienoiwe) Field Superintendent (Title) April 11, 1983			If this is a request for allowable for a newly drilled or deepensu well, this form must be accompanied by a tabulation of the deviation tests taken on the wall in accordance with MUCK 111. All sections of this form must be filled out completely for allow- able on new and sucompleted walls. Fill out only Sections 1, 11, 111, and VI for changes of owner. well parts or number, or transporter, or other such change of condition.						
								Separate Forms C-104 mi	ist be filed for each pool in multiply