NE	STATE OF NEW MEXICO RGY AND MINERALS DEPARTMENT	_		Form C-104 Revised 10-1-78	
ſ			0.7	RECEIVED	
	(1151 MINUTION	SANTA FE, NEW MEXICO 87501			
	U.S.U.S.	JUN 2 4 1983			
	LAND UPPICE	REQUEST FOR ALLOWABLE O. C. D.			
Ι.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS ARTESIA, OFFICE				
	Operator Phillips Oi	1 Company			
	Address				
P. O. Box 128, Loco Hills, New Mexico 88255 Reason(s) for filing (Check proper box) Other (Please explain)					
	New Well	Change in Transporter of:	Change in Lease	Name	
	Recompletion	Oil Dry Gas Casinghead Gas Conden	H Keelv C		
	Change in Ownership X	Casinghead Gas Conden		<u></u>	
	If change of ownership give name G and address of previous owner	eneral American Oil Co. (of Texas, P. O. Box 128,	Loco Hills, NM 88255	
1.	DESCRIPTION OF WELL AND I	FASE Well No. Pool Name, Including Fo	ormation Kind of Lease	e Lease No.	
	Keely-C Fed			lor Foo Federal 028784-C	
Location N 1295 South 1345 Feet From The West				West	
	Unit Letter:			Fddy	
	26 Tw Line of Section	nship 17-S _{Range}	29-Е , _{ММРМ} ,	Eddy County	
1.	DESIGNATION OF TRANSPORT	EP OF OIL AND NATURAL GA	S Address (Give address to which appro	ved copy of this form is to be sent)	
	Navaio Refining Compar	y — Pipeline Division	P.O. Box 159 Artesia.	New Mexico 88210	
	Name of Authorized Transporter of Cas Phillips Petroleum Con		Phillips Building Ode		
	If well produces of or liquids,	Unit Sec. Twp. Rge.	Is gas octually connected? Wh	en	
	f this production is commingled with that from any other lease or pool, give commingling order number:				
	If this production is commingled wit COMPLETION DATA	A that from any other lease or pool, i	New Well Workover Deepen	Plug Back Same Restv. Dill. Restv.	
	Designate Type of Completio	n = (X)			
	Date Spuddød	Dete 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			Depth Casing Shoe	
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
_		DR ALLOWARIE (Test must be of	I	and must be equal to or exceed top allow-	
Ϋ.	OIL WELL	able for this depth or be for full 24 hours)			
	Date First New Oil Run To Tanks	Date of Test	Producing Mathod (1 100, pampi tos -		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Pred, During Test	Cil-Bula.	Water-Bbls.	Gas-MCF	
				1 Print 100	
	GAS WELL			all all	
	Actual Prod. Test-MCF/D	Langth of Test	Bbla. Condensate/MMCF	Gravity of Condensate N	
	Testing Method (piloi, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressue (Shut-in)	Choke Size	
۰,	CERTIFICATE OF COMPLIANO	CE	DIL CONSERVA		
	I hereby certify that the rules and regulations of the Dil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		JUN 2 4 1983		
			Original Signed By		
	above is true and complete to the	best of my knowledge and belief.	Supervisor District II		
			TITLE	compliance with RULE 1104,	
	Prodoll N. Maurkins		This form is to be filed in compliance with MULE 1104. If this is a request for allowable for a newly drilled or deepeness of the deviation of the deviation.		
	Lendell N. Hawkins (Signe		well, this form must be accomponied by a tabulation of the deviation to the deviation of th		
	Field Superintendent (Tule)		All sections of this form must be filled out completely for allow- able on new and recompleted wells.		
	april 11, 1983		Fill out only Sections 1, 1 well name or number, or transport	II, III, and VI for changes of owner iter, or other such change of conditie	
	(1)0	1e)	Semilate Forms C-104 must be filed for each pool in multip		