	0	DIL CONSERVA	TION DIVISI	UN		
		P. O. BO				
BARTA FT	RECEI	SANTA FE, NEV		l		
-n. ///				· . •		
u.s.o.).						
LAND DIFICE	AUG 01'85	REQUEST FOR	R ALLOWABLE			
TRANSPORTER DIL V.		A	ND			
CORAT-OR	O. AUTONOP	RIZATION TO TRANSI	PORT OIL AND NAT	URAL GAS	•	
PRENATION OFFICE	STESIA OFFIC					
Operator						
PHILLIPS PETROLEUM C	OMPANY >					
Address	-	707(0			· .	
	essa, Tex	as /9/62				
Messen(s) for filing (Check proper box		<b>—</b>	Other (Plea	se explainj		
		n Transporter ol:	Changed	from		
Recompletion	Call				any August 1, 1985	
Change in Ownership X	Casinghe	rad Gas Conder	sate			
Mchange of ownership give name and address of previous owner	PHILLIP	S OIL COMPANY	4001 Penbrook	Odessa, '	Texas 79762	
· · .						
DESCRIPTION OF WELL AND	LEASE	T		Kind of Lease	C Lease No	
Keely B Led.	Seil No.	Pool Name, including F			_ <b>+</b> ~	
Reciy D flot.		Grayburg-Jackso	on-SR-Q-G-SA	State, rederat	or F•• Federal 028784 93≂B Tr	
Location					, , ,	
Unit Letter H : 198	30 Feet Fr	om The North Lin	e and <u>660</u>	Feet From T	he <u>East</u>	
					Eddy	
Line of Section 26 T.	mahip 17	-S Range	<u>_29-E</u> , NMP	м,	County	
• <u>••••••</u> •••••••••••••••••••••••••••••						
. DESIGNATION OF TRANSPOR	TER OF OIL	. AND NATURAL GA	S		ed copy of this form is to be sent)	
Nene al Authorized Transporter of Ci		Condensate	Address (Give address	r to writer approv		
Navajo Refining Comp			P. O. Box 159	Artesia	New Mexico 88210	
Name of Authorized Transporter of Ca	singhead Gas	or Dry Gas			ed copy of this form is to be sent)	
Phillips Petroleum C	ompany	•	4001 Penbrook			
If well produces oil or liquids,	Unit See	. Twp. Rge.	is gas actually connec			
cive location of tanks.	B	26 17S 29E	Yes		March 1, 1962	
If this production is commingled with	ith that from a	ny other lease or pool,	give commingling ord	er number:		
. COMPLETION DATA					Plug Back 'Same Res'v. Diff. Res	
		Oii Well Gas Well	New Well Workover	Deepen	Plug Back   Same Res'v. Diff. Res	
Designate Type of Completi	on $-(\mathbf{A})$	P	۶ و <u>۱ او </u>	ا ا		
Date Spudded	Date Compl.	Ready to Prod.	Total Depth		P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Proc	lucing Formation	Top Oll/Gas Pay		Tubing Depth	
			<u>1</u>		Depth Casing Shoe	
Perforations			,			
					<u></u>	
		TUBING, CASING, AND			SACKS CEMENT	
HOLE SIZE	CASIN	G & TUBING SIZE	DEPTH	SET		
					Post ID-3	
					8-9-85	
					Che op Name	
			<u>i</u>		i	
. TEST DATA AND REQUEST F	OR ALLOWA	ABLE (Test must be a	fer recovery of total vo	lume of load oil i	and must be equal to or exceed top all	
OIL WELL		able for this de	pth or be for full 24 hos			
Date First New Oil Run To Tanks	Date of Test		Producing Method (FI	ow, pump, gas iij	t, #IC./	
					Choke Size	
Length of Test	Tubing Press	ILL O	Casing Pressure			
		·			Cas - MCF	
Actual Prod. During Test	Oll-Bbie.		Water-Bbis.			
GAS WELL					Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Te	et .	Bbis. Condensate/Mk	CF	Cravity of Condenadie	
					Choke Size	
Teening Method (publ, back pr.)	Tubing Press	we (shut-in)	Casing Pressure ( 5b	m-18)	Chore size	
			·			
. CERTIFICATE OF COMPLIAN	CE			CONSERVAT	ION DIVISION	
				AUG 6	1985	
I hereby certify that the rules and	regulations of	the Oll Conservation	APPROVED			
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						
			GEOLOGIST - NMOCD			
			TITLE	GEOLOGIST		
			This form is	to be filed in a	compliance with RULE 1104.	
J. B. Rush				and for allon	whin for a newly drilled or deeper	
			If the state from must be accompanied by a tabutation of the deviat			
Production Records Supervisor			well, this form must be accordance with MULE 111. tests taken on the well in accordance with MULE 111. All sections of this form must be filled out completely for all			
			All sections	of this form mu	at De titter out completely for Bit	
July 26, 1985	ille)		able on new and recompleted wells. Fill out only Sections I. II. III. and VI for changes of own			
wall				wall name or number, or transporter, of other such change of conter,		
(Date)			Separate Forms C-104 must be filed for each poel in multi			
• •			Separate Pol			