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ARTESIA, OFFICE

STATE OF NEW MEXICO

ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 05-01-83
Page 1REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

API No. 30-015- 03130

Operator Phillips Oil Company	
Address 4001 Penbrook Street, Odessa, Texas 79762	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Dissolution of Grayburg Keely Unit effective January 1, 1985. (Formerly identified as: Grayburg Keely Unit, Tract KC, #1)
Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
If change of ownership give name and address of previous owner _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Keely C Fed	Well No. 1	Pool Name, including Formation Grayburg-Jackson, 7R-Q-Gb-SA	Kind of Lease State Federal XXXX	Lease No. LC-028784-C
Location Unit Letter <u>D</u> ; <u>330</u> Feet From The <u>north</u> Line and <u>990</u> Feet From The <u>west</u> Line of Section <u>26</u> Township <u>17S</u> Range <u>29E</u> , NMPM, <u>Eddy</u> County				

III. 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	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 Street, Odessa, Texas 79762	
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 23
	Twp. 17S	Rge. 29E
Is gas actually connected?	When	
yes	3-1-62	Post ID-3 3-22-85

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

T. H. McLemore
(Signature)
Regulatory & Proration Supervisor
(Title)
February 7, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 19 1985, 19 _____
BY _____
Original Signed By
Leslie A. Clements
TITLE _____
Supervisor District II

This form is to be filed in compliance with RULE 1104.

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 tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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HOUSE OFFICE