

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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O. C. D.

ARTESIA, OFFICE

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 05-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

API No. 30-015-03132

Operator: Phillips Oil Company ✓

Address: 4001 Penbrook Street, Odessa, Texas 79762

Reason(s) for filing (Check proper box):

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

Other (Please explain): Dissolution of Grayburg Keely Unit effective January 1, 1985 (Formerly identified as: Grayburg Keely Unit, Tract KC, #9)

Change of ownership give name and address of previous owner: INJECTION WELL

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Keely C Fed</u>	Well No. <u>9</u>	Pool Name, including Formation <u>Grayburg-Jackson, 7R-Q-Gb-SA</u>	Kind of Lease <u>State Federal <del>xxxx</del></u>	Lease No. <u>LC-028784-c</u>
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Location: Unit Letter F, 1980 Feet From The north Line and 1980 Feet From The west

Line of Section 26 Township 17-S Range 29-E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks: Unit N, Sec. 23, Twp. 17S, Rge. 29E

Is gas actually connected? No When Post FD-3 3-22-85  
Plg. Well Name

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.

IV. 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

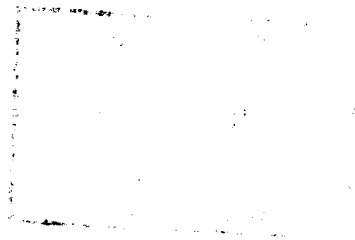
This form is to be filed in compliance with RULE 1104.

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.



1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

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