|  | LITE CLUNIED AN A  |  |   |
|--|--|--|---|
|  | RECTVED P. O. BO   | X 2088                                   |   |
|  | SANTA FE, NEW  |  |   |
|  | SANTA FE, NEW  |  |   |
| w.s.w.o.   | AIC 01 125   |  |   |
| LAND DFFICE  | AUG 01 '85 REQUEST FOR   | ALLOWABLE                                |   |
| TRAMSPORTER OIL V  | AN AN  |  |   |
| DEGRATION V  | AUTHORIZATION TO TRANSP  | ORT OIL AND NATURAL GAS                  |   |
| PROMATION OFFICE   | ARISSIA UPPING   |  |   |
| Operator   |  |  |   |
| PHILLIPS PETROLEUM CO  | DMPANY   |  |   |
| Address  | -  |  |   |
|  | essa, Texas 79762  |  |   |
| Reason(s) for filing (Check proper bas)  |  | Other (Please explain)                   |   |
| New Yell   | Change in Transporter of:  | Changed from                             |   |
| Recompletion   | Cast Dry Gan   |  | any August 1, 1985  |
| Change in Ownership  | Casinghead Gas Conden  | sate                                     |   |
| ······································   |  |  |   |
| if change of ownership give name<br>and address of previous owner  | PHILLIPS OIL COMPANY   | 4001 Penbrook Odessa,                    | Texas 79762   |
|  |  |  |   |
| DESCRIPTION OF WELL AND  | LEASE  | Armation Kind of Lease                   | LC Lease No.  |
| Legae Name / /   | well No. Pool Name, including r                                    |  | ÷-  |
| Keely B 710  | 12 Grayburg-Jackso   | on-SR-Q-G-SA State, Federal              | or Fee Federal 028784   |
| Location   |  |  | $ \frac{93}{14}$ (b)  |
| Unit Letter P;660  | O Feet From The South Line   | e and660 Feet From 1                     | The East  |
|  |  |  | Eddy  |
| Line of Section 26 T.  | mahip 17–S Range 29  | -Е , ммрм.                               | County  |
|  |  |  |   |
| DESIGNATION OF TRANSPORT   | TER OF OIL AND NATURAL GA  | S  | and some of this form is to be sent)  |
| None of Authorized Transporter of Cil  | XX or Condensate   | Address (Give address to which approv    | es copy of this form is to be senty   |
|  | any - Pipeline Division  | P. O. Box 159 Artesia                    | New Mexico 88210  |
| Name of Authorized Transporter of Cas  | singheast Gas 100 or Dry Gas                                       | Address (Give address to which approv    | ed copy of this form is to be sent)   |
| Phillips Petroleum Co  |  | 4001 Penbrook Odessa,                    | <u>Texas 79762</u>  |
|  | Unit Sec. Twp. Rge.  | Is gas actually connected? Whe           |   |
| If well produces oil or liquids,<br>give location of tanks.  | B 26 17S 29E   | Yes                                      | March 1, 1962   |
|  | th that from any other lease or pool,                              | give commingling order number:           |   |
| COMPLETION DATA  |  |  | Plug Back Same Restv. Diff. Rest  |
|  | Oil Well Gas Well  | New Well Workover Deepen                 | Plug Back Same Res'v. Diff. Res'  |
| Designate Type of Completio  | $\overline{\mathbf{n}} - (\mathbf{A})$                             | 1 1 F                                    |   |
| Date Spudded   | Date Campl. Ready to Prod.   | Total Depth                              | P.B.T.D.  |
|  |  |  |   |
| Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Formation  | Top Oll/Gas Pay                          | Tubing Depth  |
|  | •  | <u></u>                                  | D th Carting Shap   |
| Perforations   |  |  | Depth Casing Shoe   |
|  |  |  |   |
|  | TUBING, CASING, AND  | CEMENTING RECORD                         |   |
| HOLE SIZE  | CASING & TUBING SIZE   | DEPTH SET                                | SACKS CEMENT  |
|  |  |  | Post ID-3   |
|  |  |  | 8-9-85  |
|  |  |  | Chy Op Name   |
|  |  |  |   |
|  | OP STIOWARIE (Test must be a                                       | ser recovery of total volume of load oil | and must be equal to or exceed top allo   |
| TEST DATA AND REQUEST F  | able for this de   | pth or be for full 24 hours)             |   |
| OIL WELL<br>Date First New Oil Bun To Tanks  | Date of Test   | Producing Method (Flow, pump, gas li     | (t. etc.)   |
|  |  |  |   |
| Length of Test   | Tubing Pressure  | Casing Preseure                          | Choke Size  |
| Landin of Look   |  |  |   |
| Actual Prod. During Test   | OII-Bhis.  | Water-Bble.                              | Gas-MCF   |
|  |  |  |   |
|  |  |  | •   |
| CAR NTI I  |  |  |   |
| GAS WELL   | Length of Test   | Bbis. Condensate/MMCF                    | Gravity of Condensate   |
| Actual Front Foot Motific  |  |  |   |
| Teeting Method (publ, back pr.)  | Tubing Pressure ( Shut-in )  | Casing Pressure (Shut-in)                | Choke Size  |
|  |  |  |   |
| CERTIFICATE OF COMPLIAN  | CE   | DIL CONSERVA                             | TION DIVISION   |
| CERTIFICATE OF COMPENSION  | ~~   | AUG 6                                    | 1985  |
|  |  | APPROVED AUG U                           | 1303, 19  |
| me taken have been complied with   | regulations of the Oll Conservation and that the information given | ORIGINAL                                 | SIGNED  |
| shove is true and complete to the  | e best of my knowledge and belief.                                 | BY LARRY                                 |   |
|  |  | TITLE GEOLOGIST                          |   |
|  |  |  |   |
|  |  | This form is to be filed in              | compliance with RULE 1104.  |
| Bhills   | J. B. Rush   | If this is a request for allow           | wable for a newly drilled or deepen<br>inted by a tabulation of the deviati                                     |
| • • •  | atwe)  | I tests taken on the well in acco        | roance with House title   |
| Production Records S   | Supervisor   | All sections of this form mu             | ist be filled out completely for allo   |
|  | ile)   | il able on new and recompleted w         | #11#+   |
| July 26, 1985  |  | Fill out only Sections 1. I              | 1, 111, and VI for changes of own<br>ter, or other such change of condition                                     |
| and the second |  | [] well name or number, or transpor      | ware we are a summer of the second |
| (D)  | ale)   | Calla Vorma Calla vous                   | it be filed for each poel in multip   |