

DISTRIBUTION		RECEIVED		SANTA FE, NEW MEXICO 8711	
SANTA FE		AUG 01 '85		REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
FILE		O. C. D.			
M.B.D.					
LAND OFFICE					
TRANSPORTER		OIL			
OPERATOR		GAS			
PRODUCTION OFFICE					
Operator		ARTESIA, OFFICE			
PHILLIPS PETROLEUM COMPANY					
Address		4001 Penbrook Odessa, Texas 79762			
Reason(s) for filing (Check proper box)		Other (Please explain)			
New Well <input type="checkbox"/>		Change in Transporter oil: <input type="checkbox"/>		Changed from Phillips Oil Company August 1, 1985	
Recompletion <input type="checkbox"/>		Oil <input type="checkbox"/>			
Change in Ownership <input checked="" type="checkbox"/>		Casinghead Gas <input type="checkbox"/>			
If change of ownership give name and address of previous owner		PHILLIPS OIL COMPANY 4001 Penbrook Odessa, Texas 79762			
DESCRIPTION OF WELL AND LEASE					
Lease Name		Well No.		Pool Name, including Formation	
Keely C Fed		14		Grayburg-Jackson-SR-Q-G-SA	
Location		Kind of Lease		LC Lease No.	
Unit Letter E 1980 Feet From The North Line and 660 Feet From The West		State, Federal or Fee Federal		028784 -	
Line of Section 26 Township 17-S Range 29-E, NMPM, Eddy County					
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
Navajo Refining Company - Pipeline Division		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"/>		Address (Give address to which approved copy of this form is to be sent)			
Phillips Petroleum Company		4001 Penbrook Odessa, Texas 79762			
If well produces oil or liquids, give location of tanks.		Unit Sec. Twp. Rge.		Is gas actually connected? When	
		N 23 17S 29E		NO	
If this production is commingled with that from any other lease or pool, give commingling order number:					
COMPLETION DATA					
Designate Type of Completion - (X)		Oil Well Gas Well New Well Workover Deepen Plug Back Same Rest'v. Diff. Re			
Date Spudded		Date Compl. Ready to Prod.		Total Depth	
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay	
Perforations				Tubing Depth	
				Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET	
				SACKS CEMENT	
				Past ID-3	
				8-9-85	
				Chg Op Name	
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top 24 hours)					
Date First New Oil Run To Tanks		Date of Test		Producing Method (Flow, pump, gas lift, etc.)	
Length of Test		Tubing Pressure		Casing Pressure	
Actual Prod. During Test		Oil-Bbls.		Water-Bbls.	
				Gas-MCF	
GAS WELL					
Actual Prod. Test-MCF/D		Length of Test		Bbls. Condensate/MMCF	
Testing Method (prior, back pr.)		Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)	
				Choke Size	
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 above is true and complete to the best of my knowledge and belief.					
J. B. Rush					
Production Records Supervisor					
July 26, 1985					
OIL CONSERVATION DIVISION					
APPROVED AUG 6 1985					
BY ORIGINAL SIGNED					
BY LARRY BROOKS					
TITLE GEOLOGIST - NMOC					
This form is to be filled in compliance with RULE 1104.					
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.					
All sections of this form must be filled out completely for all wells on new and recompleted wells.					
Fill out only Sections I, II, III, and VI for change of oil well name or number, or transporter, or other such change of condition.					
Separate Forms C-104 must be filled for each pool in multicompleted wells.					