| ENE | BTATE OF NEW MEXICO RGY AND MINERALS DEPARTMENT | •••••••••••••••••••••••••••••••••••••• | TION DIVIS ON | REGENEP10-1-78 |
|--|--|---|--|--|
| | | P. O. BO SANTA FE, NEV | V MEXICO 87501 | JUN 2 4 1983 |
| | U.S.U.S. | | | O . C. D. |
| | TRANSFORTER OIL V REQUEST FOR ALLOWABLE AND ARTEGIA, OFFICE | | | |
| 1. | AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | | |
| | Phillips Oil Company / | | | |
| | P. O. Box 128, Loco Hills, New Mexico 88255 | | | |
| | Reason(s) for Tiling (Check proper box) New Well Change in Transporter of: Change in Lease Name | | | |
| | Aecompletion Oil Dry Gas Oil Change in Ownership Casinghead Gas Condensate Keely C | | | |
| | If change of ownership give name General American Oil Co. of Texas, P. O.Box 128, Loco Hills, NM 88255 | | | |
| H. | DESCRIPTION OF WELL AND LEASE | | | |
| | Lease NameWell No.Pool Name, Including FormationKind of LeaseLease No.Keely-C Fed44Grayburg-JacksonState, Federal or Fee FederalUC028784-C | | | |
| | Localian N 1295 South 2615 West | | | |
| | Unit Letter;; | | | |
| | | wnshlp 17-S Range | 29-E , NMPM, | Eddy County |
| 11. | DESIGNATION OF TRANSPORT | TER OF OIL AND NATURAL GA X or Condensate | S Accress (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 X or Dry Gas Address (Give address to which approved copy of this form is to be sent) | | | |
| | Phillips Petroleum Cor | npany | Phillips Building | <u>Odessa, Texas 79762</u> |
| | If well produces oil or liquida, give location of tanks, | Unit Sec. Twp. Rge. | is gas octually connected? Yes | , When March 1, 1962 |
| | If this production is commingled wit | ······································ | | |
| · · . | COMPLETION DATA Oll Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res' Designate Type of Completion = (X) | | | |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
| | Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
| | Perforations | | | Depth Casing Shoe |
| | | | | |
| | HCLESIZE | TUBING, CASING, AND CASING & TUBING SIZE | D CEMENTING RECORD | SACKS CEMENT |
| | | | | |
| | | | | |
| . | TEET DATA AND REQUEST E | DRALLOWABLE Test must be a | i | i and oil and must be equal to or exceed top allow- |
| ۰. د | TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allou- able for this depth or be for full 24 hours) OIL WFLL Date for this depth or be for full 24 hours) Date First New Oil Bun To Tanks Date of Test | | | |
| | Date Fillet Kew Dit Han 18 10kks | | | |
| | Length of Tast | Tubing Pressure | Casing Pressure | Choke Size |
| | Actual Prod. During Test | O11-Bbls. | Water-Bols. | Gos-MCF PLUS NY WW |
| I | CAL HELL | | | |
|] | GAS HELL Actual Prod. Tool-MCF/D | Longth of Tool | Bbls. Condensate/AMMCF | Gravity of Conserved |
| | Teeting Wethod (publ, back pr.) | Tubing Presewe (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
| | CEPTEICATE OF COUNTIAN | | | RVATION DIVISION |
| I. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oll Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. | | | JUN 2 4 1983 | |
| | | | Original Signed By BYLestie A. Clements | |
| | | | Supervisor District II | |
| | \bigcap | 0 | This form is to be filed in compliance with MULE 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 MULE 111. All sections of this form must be filled out completely for allow- able on new and recompleted wells. Fill out only Sections 1. 11. 111, and VI for changes of owne- well name or number, or transporter, or other such change of condities formate from a C-104 must be filed for each pool in multiple | |
| Ç | Lendell N. Hawkins (Sino | wet ins | | |
| - | Field Supe | rintendent | | |
| | april 11. 1983 | (e) | | |
| | inguality I to a live | (e) | | |

well manne or number, or transporter, or during both change of considering the constant of the second of the secon