))[	GTATE OF NEW MEXICO    FIGY AND MINERALS DEPARTMENT    INSTAIRUTION    CONSTAIRUTION    SANTA FE    FILE    U.S.U.S.    LAND OFFICE    INAMSPONTEN    OPERATOR    Phillips Petroleum Con    Address    4001 Penbrook, Odessa    Reason(s) for filing (CAreck proper box    New Well    Recompletion    Change in Ownership X	P. O. BO SANTA FE, NEV REQUEST FOI A AUTHORIZATION TO TRANSI	V MEXICO 87501 R ALLOWABLE ND PORT OIL AND NATURAL G Other (Please explain Effective:		
1.	If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND				
		Well No.  Pool Name, Including For    4  Grayburg-Jacks   Feet From The South  Lin   17-S  Range  29	son SR-Q-G-SA State,	t Lease Lease No. Federal or FeeFederal NM 14840 From The East dy County	
1.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cil Navajo Crude Oil Purcha Name of Authorized Transporter of Cas	Sing-Company	Address (Give address to which P. 0. Drawer 175 Art	approved copy of this form is to be sent) resta, New Mexico 88210 approved copy of this form is to be sentj	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	When I	
	If this production is commingled wit COMPLETION DATA	<sup>1</sup> Oil Well <sup>1</sup> Gas Well	give commingling order numbe		
	Designate Type of Completio	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name st Producing Formation	Тор ОЦ/Gas Рау	Tubing Depth	
	Perforations Depth Casing Shoe				
	HOLESIZE	TUBING, CASING, AND CASING & TUBING SIZE	CEMENTING RECORD	SACKS CEMENT	
¥.	TEST DATA AND REQUEST FO	able for this de	e after recovery of total volume of load oil and must be equal to or exceed top allow- depth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)		
	Date First New Oil Run To Tanks	Date of Test			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	011-Bbie.	Water-Bbls.	Gas-MCF Posted 14-3 1-6-9' Chg: 0p	
	GAS WELL			chg: Op	
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
	Teeting Method (publ, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
1.	CERTIFICATE OF COMPLIANCE			RVATION DIVISION	
	I hereby certify that the rules and r Division have been complied with above is true and complete to the	and that the information given	APPROVED  JAN 0 5 1984  19    Original Signed By		
	J. B. Rush		This form is to be filed in compliance with RULE 1904. If this is a request for allowable for a newly drilled or deepensi- well, this form must be accompanied by a tabulation of the deviation		
-	(Signo Production Records Signo (Til)	pervisor	well, this form must be accompanied by a tradition of the deviation tests taken on the well in accordance with NULE 111. All sections of this form must be filled out completely for allow able on new and recompleted wells.		
December 15, 1983 (Date)			able on new and recompleted were: Fift out only Sections 1, 11, 111, and VI for changes of owner well neme or number, or transporter, or other such change of condition Separate Forma C-104 must be filed for each pool in multipi		