LEAGY AND MINERALS DEPARTMENT	*	-	~	form c-1 Revised	10-1-78	
	OIL CONSERVA		N W	RECEIVED	. t	
	Р. О. ВО SANTA FE, NEW			NECE:		
FILE VV	5/11/12/01/20			JUN 24 198 3		
U.S.U.S.	REQUEST FOR		jî A	JON 2 1003	Ň.	
TRANSPORTER DIL		ND		O. C. D.		
DAB DECRATOR	AUTHORIZATION TO TRANSF	PORT OIL AND NATI	JRAL GAS	ARTESIA, OFFICE	- 4 5 ₂ ,	
PAONATION DFFCE				· · · · · · · · · · · · · · · · · · ·		
Phillips Oil Compar	ıy	·····		<u></u>		
Address P. O. Box 128 Loc	co Hills, New Mexico 882	55				
Reason(s) for filing (Check proper box,		Other (Plea	e explain)	<u></u>		
New Well Change in Transporter of: Change in Lease Name						
Recompletion Cil Dry Gas Citate R-1178						
Change in Ownership AA	Casingheod Gas Conden					
If change of ownership give name	eral American Oil Co. of	Texas P.O. Bo	x 128 Loc	o Hills, N.M.	88255	
and address of previous owner deriv				-		
DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including Fo		Kind of Lease		Lease No.	
State B-1778	1 Loco Hills 2.	6-517	State, Federal	or Foo State	B-1778	
Location						
Unit Letter P 9	90 Feet From The South Lin	• and <u>330'</u>	Feet From 7	h• East		
26	mship17-South Bange 29)-East .NMP		Eddy	County	
Line of Section 30 T.	mship17-300 cm nuige 23					
L DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S	the list some	ed copy of this form is	to be sent)	
Nome of Authorized Transporter of Cli PJ A	or Condensate	Address (Give address	to which approv			
Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address	to which approv	ved copy of this form is	so be sentj	
Active of Active of the Active				•		
If well produces oil or liquids,	Unit Sec. Twp. Rge.	is gas octually connec	ited? I Whe	n		
give location of tanks.			l			
If this production is commingled with the complexity of the complexity of the commingle of	th that from any other lease or pool,	give commingling ora	er number:	• 		
	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Re	s'v. Dill. Res'v.	
Designate Type of Completic	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	i	
Date Spudded						
Elevations (DF, RKB, RT, CR. etc.)	Name of Producing Formation	Top Oll/Gas Pay		Tubing Depth		
				Depth Casing Shoe		
Perforations						
	TUBING, CASING, AND			1		
HOLE SIZE	CASING & TUBING SIZE	DEPTH	SET	SACKS CE	MENI	
		1		<u>i</u>		
'. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a pble for this de	fier recovery of total vo pth or be for full 24 hou	lume of load oil rs)	and must be equal to or		
OIL WELL Date First New Oil Run To Tanks	Dote of Test	Producing Method (FI	ow, pump, gas li	(1, elc.)	5	
				Choke Size	<u>s</u>	
Length of Test	Tubing Pressure	Cosing Pressure			s V	
Actual Prod. During Test	Oll-Bbla.	Water-Bbls.		Gas-MCF N Gy	N. M	
				1 P Asia	Nr	
				. WA	. Jr	
GAS WELL	Length of Test	Bbls. Condensate/MN	CF	Gravity of Condensat	•	
Tealing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (15b)	rt-10)	Choke Size		
			CONSERVAT			
. CERTIFICATE OF COMPLIANCE		UL	DIL CONSERVATION DIVISION			
I hereby certify that the rules and :	regulations of the Oil Conservation	APPROVED	Original Sign	ed By	, 19	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		.BY	toslie A. Clements			
above is time and combining to the		TITLE	Supervisor Di	strict U		
~		41	to be filled in	compliance with RUL	E 1104.	
DIANTA	Xaukins		in the allow	vable for a newly dril	led or deepense	
Lendell N. Hawkins (Sign	alwe)	well, this form mi	nst he accompa well in acco	ning by a result for mance with MULE 1	11.	
Field Superintendent		All eactions	of this form mu	ist he filled out comp	letely for allow	
(1)	tle)	able on new and Fill out only		1 111 and VI for ch	angua of owner	
April 11, 1983	ule)	wall name of num	ser, or transpor	ter, or other storage and		
• • •		Separate 1 of	ma C+104 mua	t he filed for each	frank in maritin.	