

## OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501RECEIVED Form C-104  
Revised 10-1-78

JUN 24 1983

O. C. D.  
ARTESIA, OFFICEREQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                        |  |
|------------------------|--|
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| SANTA FE               |  |
| FILE                   |  |
| U.S.U.S.               |  |
| LAND OFFICE            |  |
| TRANSPORTER            |  |
| OPERATOR               |  |
| PRODUCTION OFFICE      |  |

Operator: Phillips Oil Company

W.I.W.

Address: P.O. Box 128 Loco Hills, New Mexico 88255

Reason(s) for filing (Check proper box)

New Well ☐  
Recompletion ☐  
Change in Ownership ☒

Change in Transporter of:

Oil ☐ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Change in Lease Name  
G-J Premier Sd Ut, Tr. ME

If change of ownership give name and address of previous owner: General American Oil Co. of Texas P.O. Box 128 Loco Hills, N.M. 88255

## DESCRIPTION OF WELL AND LEASE

|                            |          |                                                          |                               |                   |
|----------------------------|----------|----------------------------------------------------------|-------------------------------|-------------------|
| Lease Name                 | Well No. | Pool Name, Including Formation                           | Kind of Lease                 | Lease No.         |
| Grayburg-Jack, WF U. G. ME | 1        | Grayburg-Jackson SR U. G. S. H.                          | State, Federal or Fee Federal | 028936-e          |
| Location                   |          |                                                          |                               |                   |
| Unit Letter                | 0        | 990 Feet From The South Line and 1650 Feet From The East |                               |                   |
| Line of Section            | 28       | T. wship 17-S                                            | Range 30-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 type="checkbox"/> or Dry Gas <input type="checkbox"/>    | Address (Give address to which approved copy of this form is to be sent) |      |      |      |                            |      |
|                                                                                                                  |                                                                          |      |      |      |                            |      |
| If well produces oil or liquids, give location of tanks.                                                         | Unit                                                                     | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|                                                                                                                  | K                                                                        | 27   | 17S  | 30E  | 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 Res'v. | Diff. Res'v. |
|                                    |                             |                 |                   |          |        |           |             |              |
| 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 |          |        |           |             |              |

## TUBING, CASING, AND CEMENTING RECORD

|           |                      |           |              |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

## 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 allowable for this depth or be for full 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                               | Choke Size |
| Actual Prod. During Test        | Oil-Bbls.       | Water-Bbls.                                   | Gas-MCF    |

## GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D          | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| 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.

Lendell N. Hawkins  
Lendell N. Hawkins (Signature)  
Field Superintendent  
(Title)April 14, 1983  
(Date)

## OIL CONSERVATION DIVISION

JUN 28 1983

APPROVED \_\_\_\_\_, 19\_\_\_\_

Original Signed by

BY Leslie A. Clements

TITLE Supervisor District II

This form is to be filed in compliance with RULE 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 RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiple.