

NO. OF COPIES RECEIVED	
DISTRIBUTION	
DATE	
BY	
U.S.A.	
AND OFFICE	
REPORTER	
OIL	
GAS	
PERMIT	
REGISTRATION OFFICE	
PERMIT	

OIL CONSERVATION DIVISION  
RECEIVED  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

AUG 01 '85  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
ARTESIA, OFFICE

PHILLIPS PETROLEUM COMPANY

Address  
4001 Penbrook Odessa, Texas 79762

Reason(s) for filing (Check proper box) Other (Please explain)  
New Well ☐ Change in Transporter oil ☐ Dry Gas ☐ Changed from  
Completion ☐ Gas ☐ Condensate ☐ Phillips Oil Company August 1, 1985  
Change in Ownership ☒ Casinghead Gas ☐

change of ownership give name PHILLIPS OIL COMPANY 4001 Penbrook Odessa, Texas 79762  
address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name Keely	C	Well No. 46	Pool Name, including Formation Grayburg-Jackson-SR-Q-G-SA	Kind of Lease State, Federal or Fee Federal	LC Lease No. 028784-C
--------------------	---	----------------	--	--	--------------------------

Location  
Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West  
Line of Section 13 Township 17S Range 29E, 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"/> Navajo Refining Company - Pipeline Division	Address (Give address to which approved copy of this form is to be sent) 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"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook Odessa, Texas 79762

Is well produces oil or liquids, give location of tanks.	Unit H	Sec. 13	Twp. 17S	Rge. 29E	Is gas actually connected? Yes	When May 26, 1971
---	-----------	------------	-------------	-------------	-----------------------------------	----------------------

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
------------------------------------	----------	----------	----------	----------	--------	-----------	-------------	-----------

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 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 oil able for this depth or be for full 24 hours)

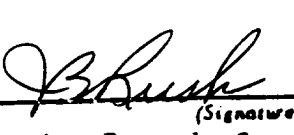
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pump, 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  
(Signature)  
Production Records Supervisor  
(Title)  
July 26, 1985  
(Date)

OIL CONSERVATION DIVISION  
AUG 7 1985

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
ORIGINAL SIGNED  
BY LARRY BROOKS  
GEOLOGIST - NMOC  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deeper 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 changes of well name or number, for transporter, or other such change of condition. Form C-104 must be filled for each pool in multi-