

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

AUG 01 '85

O. C. D. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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U.S.G.S.	
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TRANSPORTER	<input checked="" type="checkbox"/>
OPERATION	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

Operator PHILLIPS PETROLEUM COMPANY

Address 4001 Penbrook Odessa, Texas 79762

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

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

DESCRIPTION OF WELL AND LEASE
 Lease Name Keely A Well No. 19 Pool Name, including Formation Grayburg-Jackson-SR-Q-G-SA Kind of Lease State, Federal or Fee Federal LC Lease No. 028784-A
 Location
 Unit Letter D : 660 Feet From The North Line and 660 Feet From The West
 Line of Section 24 Township 17-S Range 29-E, NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
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 or Dry Gas
Phillips Petroleum Company Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook Odessa, Texas 79762
 If well produces oil or liquids, give location of tanks. Unit K Sec. 24 Twp. 17S Rge. 29E Is gas actually connected? Yes When April 2, 1971

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.
<input checked="" type="checkbox"/>								

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
			<u>Post ID-3</u>
			<u>8-9-85</u>
			<u>Chg Op Name</u>

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 (pilot, 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 6 1985
 APPROVED _____, 19____
 BY ORIGINAL SIGNED
BY LARRY BROOKS
 TITLE GEOLOGIST - NMOC
 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 change 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 completed wells.

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