	OIL CONSERVA P. O. BO		Forn C-104 Revised 10-1-78 RECEIVED
14414 PT	SANTA FE, NEW REQUEST FOR AN	ALLOWABLE	JUN 24 <b>1983</b> O. C. D.
DPENATON PRONATION OFFICE Operator	• • •	ORT OIL AND NATURAL GAS	ARTEGIA, OFFICE
Phillips Of	1 Company /		
P. O. Box ] Reason(s) for filing (Check proper box)	28, Loco Hills, New Mexi	Other (Please explain)	
New Well	Diange in Transporter of:	Change in Lease	Name
Recompletion Change in Ownership X	Exalinghead Gas Conden		
If change of ownership give name ( and address of previous owner	General American Oil Co.	of Texas, P. O. Box 128	, Loco Hills, NM 88255
II. DESCRIPTION OF WELL AND I	EASE Well No. Fool Name, Including Fo	Ship - J - J - F. Strmation J (Kind of Leas	e Lease No.
Keely-A Fe			al or Foo Federal
Location N 66	50 South Feet From TheLine	andFeet From	The West
Unit Letter;;	nship 17-S Range	29-E , NMPM,	Eddy County
•			
II. DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	Address (Give address to which appro	
Navajo Refining Company None of Authorized Transporter of Cost	- Pipeline Division	P. O. Box 159 Artesia Address (Give address to which appro	, New Mexico 88210 oved copy of this form is to be sent,
Phillips Petroleum Comp	any	Phillips Building Ode	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. K 24 17S 29E	1s gas octually connected? W7 Yes	April 3, 1971
If this production is commingled with	n that from any other lease or pool,	give commingling order number:	
IV. COMPLETION DATA Designate Type of Completion	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.
Date Spudded	Date Empl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, CR, etc.)	" Name all Producing Formation	Top Oll/Gas Pay	Tubing Depth
Perforationa			Depth Casing Shoe
Fellolation			
HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	CEMENTING RECORD	SACKS CEMENT
Y. TEST DATA AND REQUEST FO	RALLOWABLE (Test must be of	l lier recovery of total volume of load of	l and must be equal to or exceed top allow
OIL WELL Date First New Oil Run To Tonks	able for this de Date of Test	pth or be for full 24 hours)   Producing Method (Flow, pump, gas l	ifi, etc.)
	Tubing Pressure	Casing Pressure	Choke Size 1 4 4 1
Length of Test			Gas-MCF & C FT 0
Actual Prod. During Test	Cil-Bals.	Water-Bbla.	
GAS WELL Astual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Teeting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Sbot-10)	Choke Size
	E	OIL CONSERVA JUN 2 8 1	TION DIVISION
I hereby certify that the rules and regulations of the Oll Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED	
		BY	
Lendell N. Hawkins (Signalwe) Field Superintendent		This form is to be filed in compliance with MULE 1104. If this is a request for allowable for a newly drilled or deependu well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111. All sections of this form must be filled out completely for allow-	
(Tule) april 11, 1983		ble on new and recompleted wells. Fill out only Sections 1, 11, 111, and VI for changes of owner, well pages or number, or transporter, or other such change of condition.	

11,170 Dates

e of conditionwell name or number, or transpo