

**JUN 24 1983**

O. C. D.  
ARTESIA, OFFICE

**REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

|                        |                                     |
|------------------------|-------------------------------------|
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| DISTRIBUTION           |                                     |
| SANTA FE               | <input checked="" type="checkbox"/> |
| FILE                   | <input checked="" type="checkbox"/> |
| U.S.G.S.               |                                     |
| LAND OFFICE            |                                     |
| TRANSPORTER            | <input checked="" type="checkbox"/> |
| OPERATOR               | <input checked="" type="checkbox"/> |
| PROMOTION OFFICE       |                                     |

Phillips Oil Company

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

|   |                                    |
|---|------------------------------------|
| Reason(s) for filing (Check proper box)   | Other (Please explain)             |
| New Well <input type="checkbox"/>   | Change in Lease Name<br>McIntyre G |
| Recompletion <input type="checkbox"/>   |                                    |
| Change in Ownership <input checked="" type="checkbox"/>   |                                    |
| Change in Transporter of:<br>Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/><br>Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |                                    |

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<br>McIntyre-G Fed   | Well No. 2<br>Pool Name, including Formation Grayburg-Jackson San Andres<br>Kind of Lease State, Federal or Fee Federal<br>Lease No. NM-0558581 |
| Location<br>Unit Letter G : 1650 Feet From The North Line and 2310 Feet From The East<br>Line of Section 21 Township 17-South Range 30-East, 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"/><br>Navajo Refining Company — Pipeline Division | Address (Give address to which approved copy of this form is to be sent)<br>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"/><br>Phillips Petroleum Company          | Address (Give address to which approved copy of this form is to be sent)<br>Phillips Building Odessa, Texas 79762  |
| If well produces oil or liquids, give location of tanks.<br>Unit B Sec. 21 Twp. 17S Rge. 30E  | Is gas actually connected? When<br>Yes July 15, 1972   |

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  |

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| <b>GAS WELL</b>                  |                           |                           |                       |
| 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.

Lendell N. Hawkins  
Lendell N. Hawkins (Signature)  
Field Superintendent  
April 11, 1983  
(Date)

OIL CONSERVATION DIVISION  
**JUN 28 1983**  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
Original Signed By  
BY Leslie A. Clements  
Supervisor District II  
TITLE \_\_\_\_\_

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 Form C-104 must be filled for each pool in multiple