ERGY AND MINERALS DEPARTMENT	OIL CONSERVA	X 2088	Form C-104 Revised 10-1-78 RECEIVED
PILE U.S.U.S. LAND OFFICE INANSPORTER JAMES PORTER	SANTA FE, NEW REQUEST FOR	ALLOWABLE	JUN 24 1983 O. C. D.
OPERATION OFFICE COPERATION OFFICE	AUTHORIZATION TO TRANSP	PORT OIL AND NATURAL GAS	ARTESIA, OFFICE
Address Phillips O.	il Company V		
P. O. Box : Repson(s) for liling (Check proper box,	128, Loco Hills, New Mexi	CO 88255 Other (Please explain)	
New Well Recompletion Change in Ownership X	Change in Transporter of: Oil Dry Gas Casinghead Gas Condens	≓l Keelv A	Name
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
DESCRIPTION OF WELL AND Lease Name Keely-A Fee	Well No. Pool Name, Including	ormation - (Grayburg &) on (San Andres)	or F. Federal 028784-A
Location J 134			East
Unit Letter:	Feet From The Line Waship 17-S Range	and Feet From T	Eddy County
. DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S Acciess (Give address to which approv	ed copy of this form is to be sent!
News to Rofining Company — Pineline Division		P. O. Box 159 Artesia, Address (Give address to which approv Phillips Building Odes	New Mexico 88210 ed copy of this form is so be sent)
If well produces oil or liquids,	Unit Sec. Twp. Rge.	is gas actually connected? Whe	ecember 31, 1975
give location of tanks. If this production is commingled with	th that from any other lease or pool,	L	
Designate Type of Completic	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Completite	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
Periorations			Depth Casing Shoe
	T	CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEFINACI	
. TEST DATA AND REQUEST F	OP ALLOWARIE (Test must be of	fer recovery of total volume of load oil i	ind must be equal to or exceed top allow-
OIL WELL Date First New Oil Run To Tanks	able for this de	pih or be for full 24 hours) Producing Method (Flow, pump, gas lif	Α
Length of Test	Tubing Pressure	Casing Pressure	Choxe Size
Actual Prod. During Test	OII-BMs.	Water-Bbls.	Gua-MCF
			hay My
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION JUN 2 8 1983	
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.		Original Signed By	
		Supervisor District II	
Lendell N. Hawkins (Signalwa) Field Superintendent		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despense well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111. All sections of this form must be filled out completely for allow-	
april 11, 1983 (Date)		All sections of this form must be the spile on new and recomplated wells. Fill out only Sections I. H. HI, and VI for changes of owner, well name or number, or transporter, or other such change of condition. Senarate Forms C-104 must be filed for each pool in multiply.	

