STATE OF NEW MEXICU IERGY AND MINERALS DEPARTMENT DISTRIBUTION SANTA FE 711.8 LAND DFFICE

OIL CONSERVATION DIVIS

P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-1-78 RECEIVED

JUN 24 1983

REQUEST FOR ALLOWABLE

| TRANSPORTER OAS D | | ND PORT OIL AND NATURAL GAS | ARTEGIA, OFFICE |
|---|--|---|--|
| PROBATION OFFICE | | | |
| | Oil Company | | |
| Address P. O. Box | 128, Loco Hills, New Mexi | ico 88255 | |
| Reason(s) for liling (Check proper bo | | Other (Please explain) | |
| New Well | Change in Transporter of: | Change in Lease | Name |
| Recompletion | OII Dry Go | MI Kaply A | |
| Change In Ownership X | Casinghead Gas Conden | safe | |
| I change of ownership give name out of the control of the control owner | General American Oil Co. c | of Texas, P. O. box 128, | Loco Hills, NM 88255 |
| DESCRIPTION OF WELL AND | LEASE | ormation Kind of Lea | Lease No. |
| Keely-A Fe | [Well No. Pool Name, including to | | Federal IC 028784-A |
| Location | . Grayburg-backs | son (ban Andres) | 020704-A |
| Unit Letter C : 25 | Feet From The North Lin | e and 1345 Feet From | The West |
| Line of Section 24 T. | waship 17-S Range | 29-Е , ммрм, | Edd6 County |
| ESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Tome of Authorized Transporter of Oil or Condensate | | | |
| Navajo Refining Company — Pipeline Division P. O. Box 159 Artesia, New Mexico 8823 Name of Authorized Transporter of Cosinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be a second division of the control | | | |
| Phillips Petroleum Cor | npany | Phillips Building Odessa, Texas 79762 | |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. K 24 17S 29E | Yes | September 8, 1978 |
| | ith that from any other lease or pool, | give commingling order number: | · |
| COMPLETION DATA | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v. |
| Designate Type of Completi | ion = (X) | | |
| 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 |
| | THRING CASING AND | CEMENTING RECORD | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| HOLL SIZE | | | |
| | | | |
| | | | |
| TEST DATA AND REQUEST F | FOR ALLOWABLE (Test must be a) | fer recovery of total volume of load oil pth or be for full 24 hours) | l and must be equal to or exceed top allow |
| OIL WELL Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas I | ift, etc.) |
| Date 1 1151 He we did not have | | | W A |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil-Bhis. | Water-Bbls. | Gas-MCF |
| | | | all the second |
| GAS WELL Actual Prod. Teet-MCF/D | Length of Test | Bbis. Condensate/MMCF | Gravity of Condensate |
| Return Prince Test Michigan | | | <i>b</i> |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Cosing Pressure (Shut-in) | Choke Size |
| CERTIFICATE OF COMPLIAN | (CE | OIL CONSERVATION DIVISION | |
| | • | JUN 2 8 19 | 983 |
| 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 | |
| | | -BYteslie A. Clements | |
| | | TITLE Supervisor District II | |
| | | 11 | compliance with EULE 1104. |
| Quan land | | This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despense. | |
| Sendell N. Hawkins (Signorus) | | well, this form must be accomp | Willed by a tronighton of the devices. |
| .eureii N Hawkins ' " | | "I AWRIE INKOLI OU THE MEN TH BCC. | |

april 11, 1983

Field Superintendent

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 Forms C-104 must be filed for each pool in multiply stand wells.