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STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

API No. 30-015-24417

Operator Phillips Oil Company ✓	
Address Room 401, 4001 Penbrook Street, Odessa, Texas 79762	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>5-26-84</u> UNLESS AN EXCEPTION FROM THE B. L. M. IS OBTAINED
Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Keely C Fed	Well No. 56	Pool Name, including Formation Grayburg-Jackson <i>2R-P-22</i>	Kind of Lease State, Federal or Fee Fed -	Lease No. LC-028784
Location Unit Letter <u>D</u> : <u>530</u> Feet From The <u>North</u> Line and <u>530</u> Feet From The <u>West</u> Line of Section <u>26</u> Township <u>17-S</u> Range <u>29-E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook St., Odessa, Texas 79762					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 25	Twp. 17-S	Rgs. 29-E	Is gas actually connected? No	When in approx. 2 wks.

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

*W. J. Mueller*  
(Signature)  
Senior Engineering Specialist  
(Title)  
April 11, 1984  
(Date)

OIL CONSERVATION DIVISION  
APR 26 1984

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_  
Original Signed By  
Leslie A. Chawanti  
Supervisor District # \_\_\_\_\_

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

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12-17-83	Date Compl. Ready to Prod. 2-24-84	Total Depth 3507'			P.B.T.D. 3460'				
Elevations (DF, RKB, RT, GR, etc.) 3580.3' GR	Name of Producing Formation Grayburg/San Andres	Top Oil/Gas Pay 2136' 2374'			Tubing Depth 3433'				
Perforations Perf'd 4-1/2" csg w/3-3/8" csg gun at 2374'-3086' and 3087'-3409'						Depth Casing Shoe 3507'			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	24#		340'		350 sx Class C				
7-7/8"	11.6#		3507'		2050 sx Class C w/5#/sx				
salt, 1/4# per sx cellophane, 3# gilsonite. DV						tool at 1877'.			
2nd stage: 1200 sx Class C, 18# /sx salt & 600 sx						C/2% CaCl. TOC @ 300'			

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (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 3-2-84	Date of Test 4-8-84	Producing Method (Flow, pump, gas lift, etc.) 2" x 1-1/4" x 12" insert pump	
Length of Test 24 hrs	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test	Oil - Bbls. 87	Water - Bbls. 14	Gas - MCF 21

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