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

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**AUG 01 '85**

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

**O. C. D.  
ARTESIA, OFFICE**

**PHILLIPS PETROLEUM COMPANY**

Address: **4001 Penbrook Odessa, Texas 79762**

Reason(s) for filing (Check proper box):  
 New Well ☐ Change in Transporter oil: ☐ Dry Gas ☐  
 Incompletion ☐ Oil ☐ Condensate ☐  
 Change in Ownership ☒ Casinghead Gas ☐

Other (Please explain): **Changed from Phillips Oil Company August 1, 1985**

Change of ownership give name and address of previous owner: **PHILLIPS OIL COMPANY 4001 Penbrook Odessa, Texas 79762**

**DESCRIPTION OF WELL AND LEASE**

Well Name <b>Keely C</b>	Well No. <b>57</b>	Pool Name, including Formation <b>Grayburg-Jackson-SR-Q-G-SA</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	LC Lease No. <b>028784-C</b>
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Location: **E 1650 North Line and 330 Feet From The West**

Unit Letter: **E** : **1650** Feet From The **North** Line and **330** Feet From The **West**

Line of Section **26** Township **17-S** Range **29-E** , 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"/> <b>Navajo Refining Company - Pipeline Division</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 159 Artesia, New Mexico 88210</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips Petroleum Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>4001 Penbrook Odessa, Texas 79762</b>

Is well produces oil or liquids, give location of tanks. ☐ Unit **F** Sec. **25** Twp. **17S** Rge. **29E** Is gas actually connected? **NO** When

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

**COMPLETION DATA**

Designate Type of Completion - <b>(X)</b>	Oil Well <input type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res <input type="checkbox"/>
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
			<b>Post ID-3</b>
			<b>8-9-85</b>
			<b>Clg Op Name</b>

**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

**GAS WELL**

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prod, 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.

 **J. B. Rush**  
 (Signature)  
 Production Records Supervisor  
 (Title)  
 July 26, 1985  
 (Date)

**OIL CONSERVATION DIVISION**

**AUG 6 1985**

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

BY **ORIGINAL SIGNED**  
**BY LARRY BROOKS**  
**GEOLOGIST - NMCD**

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 device tests taken on the well in accordance with RULE 111.  
 All sections of this form must be filled out completely for all wells on new and recompleted wells.  
 Fill out only Sections I, II, III, and VI for changes of oil well name or number, or transporter, or other such change of conditions.  
 A separate form must be filled for each pool in multiple completion.