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NO OFFICE	
EXPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
SWATON	<input checked="" type="checkbox"/>
ORATION OFFICE	
NOTE	

RECEIVED

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

AUG 01 '85

REQUEST FOR ALLOWABLE  
ANDAUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
ARTESIA, OFFICE

PHILLIPS PETROLEUM COMPANY

4001 Penbrook Odessa, Texas 79762

Reason(s) for filing (Check proper box)

☐ New Well  
☐ Completion  
☒ Change in Ownership

Change in Transporter of:

☐ Oil  
☐ Casinghead Gas☐ Dry Gas  
☐ Condensate

Other (Please explain)

Changed from  
Phillips Oil Company August 1, 1985Change of ownership give name  
address of previous owner

PHILLIPS OIL COMPANY 4001 Penbrook Odessa, Texas 79762

## DESCRIPTION OF WELL AND LEASE

Well Name	Keely C Fed	Well No.	58	Pool Name, including Formation	Grayburg-Jackson-SR-Q-G-SA	Kind of Lease	State, Federal or Fee Federal	LC Lease No.	028784-C
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Location	Unit Letter	P	660	Feet From The	South	Line and	660	Feet From The	East	Eddy	County
Line of Section	25	T. andship	17-S	Range	29-E	NMPM,					

## SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Company - Pipeline Division	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"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Company	4001 Penbrook Odessa, Texas 79762
Is gas actually connected? When	
well produces oil or liquids, ive location of tanks.	Unit Sec. Twp. Rge. F 25 17S 29E Yes 11-20-84

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.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Locations (DF, RKB, RT, CR, 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
			Post ID-3
			8-9-85
			Chg Op Name

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 all  
able 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 (puot, back pr.)	Tubing Pressure (Shot-In)	Casing Pressure (Shot-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

Production Records Supervisor

July 26, 1985

## OIL CONSERVATION DIVISION

APPROVED AUG 6 1985

BY ORIGINAL SIGNED  
BY LARRY BROOKS  
GEOLOGIST - NMOC

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper  
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 ow  
well name or number, or transporter, or other such change of condit

Separate Forms C-104 must be filed for each pool in mult