

REQUEST FOR ALLOWABLE AND

Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

SAFE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. Operator **WESTALL-MASK** 30-015- SEP 15 1975
 Address **DRAWER 1477, ROSWELL NM 88201** 21612 O.C.C.
 Reason(s) for filing (Check proper box) Other (Please explain) **ARTESIA, OFFICE**
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name KEOHANE FEDERAL	Well No. 3	Pool Name, including Formation SHUGART	Kind of Lease State, Federal or Fee FEDERAL	Lease No. 065680
Location Unit Letter N ; 990 Feet From The SOUTH Line and 1750 Feet From The WEST				
Line of Section 23 Township 18 S Range 31 E , NMPM, EDDY 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"/> TEXAS N MEX PIPE LINE FOR ATL RICHFIELD	Address (Give address to which approved copy of this form is to be sent) BOX 1510 MIDLAND, TEXAS
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> PHILLIPS PETR CO	Address (Give address to which approved copy of this form is to be sent) 4TH & WASHINGTON ODESSA TEXAS 79701
If well produces oil or liquids, give location of tanks. Unit N Sec. 23 Twp. 18S Rge. 31E	Is gas actually connected? When YES 9/9/75'

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 8/22/75	Date Compl. Ready to Prod. 8/27/75	Total Depth 3692 TD	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 3008 GR	Name of Producing Formation QUEEN	Top Oil/Gas Pay 3358-98	Tubing Depth 2600					
Perforations 3392-96-3400-04-08-12-16-20-24-28-32-36-40-44-48 3522-26-30 3646-50-54-58-62-66-70-74-78-82								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11	8 5/8		650		250 SACKS			
6	4 1/2		3692		400			
5 1/2	2 3/8		2600					

V. 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 9/9/75	Date of Test 9/9/75	Producing Method (Flow, pump, gas lift, etc.) PROD	
Length of Test 24	Tubing Pressure 25#	Casing Pressure 35#	Choke Size
Actual Prod. During Test 85	Oil-Bbls. 80	Water-Bbls. 5	Gas-MCF PHILLIPS IS MEASURING AT THIS TIME

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Jack Mack (Signature)
 CO OWNER (Title)
 9/11/75

OIL CONSERVATION COMMISSION
 SEP 15 1975
 APPROVED _____, 19____
 BY **W. A. Gressett**
 TITLE **SUPERVISOR, DISTRICT II**

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deep 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 well name or number, or transporter, or other such change of conditions.

