

OIL CONSERVATION DIVISION

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

RECEIVED

JUN 24 1983

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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OPERATOR	<input checked="" type="checkbox"/>
REGISTRATION OFFICE	<input checked="" type="checkbox"/>

Operator Phillips Oil Company

Address P. O. Box 128, Loco Hills, New Mexico 88255

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate
 Other (Please explain) Change in Lease Name
Beeson F

If change of ownership give name General American Oil Co. of Texas, P. O. Box 128, Loco Hills, NM 88255
 and address of previous owner _____

DESCRIPTION OF WELL AND LEASE
 Lease Name Beeson-F Fed Well No. 8 Pool Name, including Formation Loco Hills - R - G - SA Kind of Lease Federal Lease No. IC 060529
 Location 0 330 South 1650 East
 Unit Letter _____ Feet From The _____ Line and _____ Feet From The _____
 Line of Section 29 Township 17-S Range 30-E, NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
Navajo Refining Company - Pipeline Division 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 or Dry Gas Address (Give address to which approved copy of this form is to be sent) _____
 If well produces oil or liquids, give location of tanks. Unit 0 Sec. 29 Twp. 17S Rge. 30E Is gas actually connected? NO When _____

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

COMPLETION DATA
 Designate Type of Completion - Oil Well Gas Well New Well Workover Deepen Plug Back Some Rest'v. Diff. Rest'v.
 Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ P.B.T.D. _____
 Elevations (DF, RKB, RT, CR, etc.) _____ Name of Producing Formation _____ Top Oil/Gas Pay _____ Tubing Depth _____
 Perforations _____ Depth Casing Shoe _____

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 3
 Actual Prod. During Test _____ Oil-Bbls. _____ Water-Bbls. _____ Gas-MCF 17-8-83

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 _____

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.
Lendell N. Hawkins
 Lendell N. Hawkins (Signature)
 Field Superintendent
 (Title)
April 11, 1983
 (Date)

OIL CONSERVATION DIVISION
 APPROVED JUN 28 1983, 19____
 Original Signed By
 BY Leticia A. Clements
 Supervisor District II
 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 deviated 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 conditions.
 Complete Form C-104 must be filed for each pool in multi-