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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"/>
PRODUCTION 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	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Change in Lease Name	
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Keely B	
		Dry Gas	<input type="checkbox"/>		
		Condensate	<input type="checkbox"/>		

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 _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name	<u>Keely -B Fed</u>	Well No.	<u>11</u>	Pool Name, including Formation	<u>Grayburg-Jackson</u>	Kind of Lease	<u>State, Federal or Fee Federal</u>	Class No.	<u>028784-93</u>
Location	<u>0</u>	<u>660</u>	<u>South</u>	<u>1980</u>	<u>East</u>				
Unit Letter	<u>26</u>	<u>17-S</u>	<u>29-E</u>	<u>NMPM</u>	<u>Eddy</u>				
Line of Section		Township		Range					

II. DESIGNATION 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)
<u>Navajo Refining Company — Pipeline Division</u>	<u>P.O. Box 159 Artesia, New Mexico 88210</u>
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)
<u>Phillips Petroleum Company</u>	<u>Phillips Building Odessa, Texas 79762</u>
If well produces oil or liquids, give location of tanks.	Unit <u>B</u> Sec. <u>26</u> Twp. <u>17S</u> Rge. <u>29E</u>
	Is gas actually connected? <u>Yes</u> When <u>March 1, 1962</u>

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

V. COMPLETION DATA

Designate Type of Completion — (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RAB, 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

VI. 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 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 (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

1. 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

April 11, 1983
(Date)

OIL CONSERVATION DIVISION

JUN 28 1983

APPROVED _____, 19____

Original Signed By
Leslie 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 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. Form C-104 must be filed for each pool in multiple.