Image: State of the states of th	County sent)
Address       c/o Oil Reports & Gas Services, Inc., Box 753, Hobbs, New Lexico 36240         Resson(s) for filing (Check proper box)       Change in Transporter of:         New Weil       Change in Transporter of:         Recompletion       Oil         Change in Ownership X       Cosinghead Gas         Condensate       Effective 9/1/72         If change of ownership X       Cosinghead Gas         Condensate       If change of ownership X         Cosinghead Gas       Condensate         If change of ownership X       Cosinghead Gas         Condensate       Net Fool Name, Including Formation         Address of previous owner       Net Fool Name, Including Formation         Lease Name       X         Federal 714       3         Location       Net Fool Name, Including Formation         Unit Letter       L         Line of Section       Y         Township       Of Condensate         Market Of Lease       Net Fool Name, Including Formation         Nume of Authorized Transporter of Oil Condensate       South         Tame-New Moxico Pipe Line Condensate       Post Stock Approved copy of this form is to be set         Tame-New Moxico Pipe Line Condensate       Post Stock Approved copy of this form is to be set         Tame-Oil Authorize	County sent)
Reason(s) for filing (Check proper box)       Other (Please explain)         New Weil       Other (Please explain)         Becompletion       Oil         Change in Ownership (Check proper box)       Dry Gas         If change of ownership (Check proper box)       Condensate         If change of ownership (Check proper box)       State, Pederal or Fee         Lease Name       Not, Port Name, Including Formation         Lease Name       Image of Not, Port Name, Including Formation         Unit Letter       Image of State, Pederal	County sent)
II. DESCRIPTION OF WELL AND LEASF       NM-Oll 827         Lease Name       No. Faci Name, Including Formation       Nind of Lease       La         Federal 714       3       Jalmat       State, Federal or Fee       Federal       La         Location       Unit Letter       L       1980       Feet From The       State, Federal or Fee       Feet From The       Mest         Location       Unit Letter       L       1980       Feet From The       State, Federal or Fee       Mest         Line of Section       17       Township       23       S       Range       36       E       NNFM,       Lea         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Name of Authorized Transporter of OIL On or Condensate       Address (Give address to which approved copy of this form is to be s         Tamas-New Mexico Pipe Line Company       Or Dry Gas       Address (Give address to which approved copy of this form is to be s         Phillips Fetroleum Corpany CP:A Ges Corporation       Bartles rille, Oklahoria 74,000 E: Februciry I,         If well produces oil or liquids,       Unit       Sec.       Twp.       Reg.       Is gas actually connerted?       Whet         If well produces oil or liquids,       Unit       Sec.       Twp.       Reg.       Is gas actually connerted?       Whet	County sent)
II. DESCRIPTION OF WELL AND LEASF       NM-Oll 827         Lease Name       V       No. Fool Name, Including Formation       Kind of Lease       L         Foderal 714       3       Jalmet       State, Federal or Fee       Federal       L         Location       Unit Letter       L       1980       Feet From The       South       Line and       990       Feet From The       West         Line of Section       17       Township       23       S       Range       36       E       NNFM,       Lea         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Name of Authorized Transporter of Oil       or Condensate       Address (Give address to which approved copy of this form is to be s         Tables-New Mexico Pipe Line Company       Or Condensate       Address (Give address to which approved copy of this form is to be s         Phillips Fetroleum Corpany CP/A Gos Corporation       Bartles ville, Oklahoria 74,000 E: Februchy I,         It well produces oil or liquids,       Unit       Sec.       Twp. Rge.       is gas actually connerted?       When         It well produces oil or liquids,       Unit       Sec.       Twp. Rge.       is gas actually connerted?       When         It well produces oil or liquids,       Unit       Sec.       Twp. Rge.       is gas actually connerted?       When	County sent)
Descendence       No.       Fedi Name, Including Formation       Kind of Lease       L         Federal       714       3       Jalmat       State, Federal of Fee       Federal       a         Location       Unit Letter       L       1980       Feet From The       South       Line and       990       Feet From The       West         Line of Section       17       Township       23       Range       36       E       NNFM,       Leas         III.       DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Name of Authorized Transporter of OII       Of Condensate       Address (Give address to which approved copy of this form is to be s         Name of Authorized Transporter of OII Company       Box 1510, Niciland, Texas 79701         Name of Authorized Transporter of Casinghead Gas       or Dry Bas       Address (Give address to which approved copy of this form is to be s         Phillips Petroleum Corpany CP/A Gas       Corporation       Bartles rille, Oklahoma 74004       February 1,         If well produces oil or liquids,       Unit       Sec.       Twp.       Rge.       Is gas actually connected?       Whet.         If well produces oil or liquids,       L       17       23S       36E       Yes       4/10/58	County sent)
Interval       Interval <th< td=""><td>County sent)</td></th<>	County sent)
Line of Section       17       23 S       Range       36 E       Image       16 E         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Authorized Transporter of OIL Company         Name of Authorized Transporter of OIL Company       Address (Give address to which approved copy of this form is to be s         Name of Authorized Transporter of Casinghead Gas       or Ordensate       Address (Give address to which approved copy of this form is to be s         Name of Authorized Transporter of Casinghead Gas       or Dry Gas       Address (Give address to which approved copy of this form is to be s         Name of Authorized Transporter of Casinghead Gas       or Dry Gas       Address (Give address to which approved copy of this form is to be s         Phillips Petroleum Corpany CP/A       Gas       Corporation       Address (Give address to which approved copy of this form is to be s         It well produces oil or liquids, give location of tanks.       Unit       Sec.       Twp.       Ege.       Is gas actually connected?       When.         4/10/58       4/10/58       10       10       10       10       10       10	sent)
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Authorized Transporter of OIL I or Condensate         Takes-New Maxico Pipe Line Company         Name of Authorized Transporter of Casinghead Gas or Dry Gas         Name of Authorized Transporter of Casinghead Gas or Dry Gas         Name of Authorized Transporter of Casinghead Gas or Dry Gas         Name of Authorized Transporter of Casinghead Gas or Dry Gas         Name of Authorized Transporter of Casinghead Gas or Dry Gas         Name of Authorized Transporter of Casinghead Gas or Dry Gas         Name of Authorized Transporter of Casinghead Gas or Dry Gas         Name of Authorized Transporter of Casinghead Gas or Dry Gas         Name of Authorized Transporter of Casinghead Gas or Dry Gas         Name of Authorized Transporter of Casinghead Gas or Dry Gas         Name of Authorized Transporter of Casinghead Gas or Dry Gas         Name of Authorized Transporter of Casinghead Gas or Dry Gas         Name of Authorized Transporter of Casinghead Gas or Dry Gas         Name of Authorized Transporter of Casinghead Gas or Dry Gas         Bartlesville, Oklahoria 74.004         It well produces oil or liquids,       Unit         It 17       238         36E       Yet         4/10/58	sent)
Name of Authorized Transporter of Oll Condensate       Address (Give address to which approved capy of this form is to be s         Totals-New Maxico Pipe Line Company       Box 1510, Midland, Texas 79701         Name of Authorized Transporter of Casinghead Gas Corporation       Address (Give address to which approved capy of this form is to be s         Phillips Petroleum Corpany CP/A Gas Corporation       Address (Give address to which approved capy of this form is to be s         If well produces oil or liquids, give location of tanks.       Unit       Sec.       Twp.         If well produces oil or liquids,       Unit       Sec.       Twp.       Rge.       Is gas actually connected?       When         1/10/58	
If well produces oil or liquids, Unit Sec. Twp. Ege. Is gas actually connected? When give location of tanks. L 17 238 36E Yes 4/10/58	1992
If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When give location of tanks. L 17 238 36E Yes 4/10/58	
If this production is commingled with that from any other lease or pool, give commingling order number:	
IV. COMPLETION DATA	
Cil Well Gas Well New Well Worksver Deepen Fing Back Same Resty, D Designate Type of Completion - (X)	Diff. Res'v.
Date Spudded Date Compl. Ready to Prod. Total Depth F.S.T.D.	
Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation Top Oil/Gas Pay Turing Depth	
Perforations Lepth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE CASING & "UBING SIZE DEPTH SET SACKS CEMENT	
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed OIL WELL able for this depth or be for full 24 hours)	id top allow-
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-Bble. Water-Bbis. Gas-MCF	
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 OIL CONSERVATION COMMISSION	
I have by certify that the rules and regulations of the Oil Conservation APPROVED (He Signed by, 19	
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Dist. 1, Su;W.	
TITLE	
This form is to be filed in compliance with RULE 110 If this is a request for allowable for a newly drilled or If this is a request for allowable for a newly drilled or the form period by a tabulation of the	r deepened
(Signature) Well, this form must be accordance with RULE 111.	deviation
Agent (Title) All sections of this form must be filled out completely able on new and recompleted wells.	for allow-
(Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (Date) (D	Condition.

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