## BTATE OF NEW MEXICO RGY AND MINERALS DEPARTMENT es es terite estation () is 1 minut IOM SANTA FE $\overline{V}$ V U.S.U.S. LAND DFFICE DIL TRANSPORTER DAB OPERATION OFFICE Operation

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

Form C-104 Revised 10-1-78 RECEIVED

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JUN 24 1983

REQUEST FOR ALLOWABLE AND

O. C. D. ARTESIA, OFFICE

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 theorem of owns well name or number, or transporter, or other such change of condition

Separate Forms C-104 must be filled for each pool in multip

AUTHORIZATION TO TRANSPORT OIL AND NATURAL 445.

Operator Phillips	Oil Company						
	x 128, Loco Hills,	New Mexi					
Reason(s) for liling (Check proper b	02)		Other (Pleas	e explain)			
New Well Change in Transporter of:			Change in Lease Name				
Recompletion Oil Dry Gas			• []				
Change in Ownership X	Castnghead Gas	Conden	Burch (	·			
If change of ownership give name and address of previous owner	General American	Oil Co.	Of Texas, P. O	. Box 128,	, Loco Hills, N	M 88255	
	n . n		ormand Methor Sa.)	,			
DESCRIPTION OF WELL AN	Nell No. Pool Nam	e, Including Fo	ormatideMettex Sa.)	Kind of Leas	•	Lease No.	
Burch-CC	Fed 17 Grayb	urg-Jacks	son (& San Andre	S)State, Federa	lorF. Federal	028793-C	
Location	660	North	• and	Feet From '	The West		
Unit Letter;;		Cim			,		
Line of Section 23	T. mahip 17-S	Range	29-E , NMP	ч,	Eddy	County	
DESIGNATION OF TRANSPO	RTER OF OIL AND NA	TURAL GA	S   Address (Give address	to which appro	ved copy of this form is	to be sent)	
Nome of Authorized Transporter of (	CII X or Condensate				New Mexico 88		
Navajo Refining Compa	Address (Give address to which approved copy of this form is to be sent)						
Phillips Petroleum Company			Phillips Building Odessa, Texas 79762  Is gas actually connected? When				
If well produces oil or liquids, G. 23		S 29E	Yes		March 4, 1971		
If this production is commingled	with that from any other le	ease or pool,	give commingling ord	er number:			
COMPLETION DATA	Oil Well	Gas Well	New Well Workover		Plug Back   Same Re	s'v. Diff. Res'v.	
Designate Type of Comple		!	1 1		¦	<u> </u>	
Date Spudded	Date Compl. Ready to Pr	rod.	Total Depth		P.B.T.D.		
levations (DF, RKB, RT, CR, etc.) Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations			<u> </u>		Depth Casing Shoe		
	TIRING	CASING AND	CEMENTING RECO	RD			
PAGING A TURNIC SIZE		DEPTH SET		SACKS CEMENT			
HOLE SIZE		L CASING G 1 COLLEGE					
					<u> </u>		
			<u>i</u>				
TEST DATA AND REQUEST OIL WELL		Test must be a able for this de	fier recovery of iotal vo pth or be for full 24 hou   Producing Method (Fla	T#)		excess top atton-	
Date First New Oil Run To Tanks	First New Oil Run To Tanks Date of Test		Producing Method (1 in	, pamp, gos	<u> </u>	<u> </u>	
Length of Test	Tubing Pressure		Casing Pressure		Choke Size	1000	
Actual Prod. During Test	Oil-Bble.		Water-Bbis.		Gas-MCF/V		
					to My	1/2	
Actual Prod. Test-MCF/D	Length of Test		Bbis. Condensute/MMCF		Cravity of Condinate D		
Testing Method (publ., back pr.)	Tubing Pressure ( shut-	Tubing Pressure (Ehnt-is)		Casing Pressure (fibat-in)		Choke Size	
CERTIFICATE OF COMPLIANCE			OIL CONSERVATION DIVISION				
		9	APPROVED_	JUN 2 8 19	JOJ	. 19	
I hereby certify that the rules an	ith and that the informati	ion given	11	riginai sign <b>ea</b> Islie A. Clemei	•		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			BY Supervisor District II				
•			TITLE				
			This form is	to be filed in	compliance with nul	E 1104,	
Landell N.	Nawkins		If this in a re	quest for allo	wable for a newly drill anied by a tabulation	lied or despense of the deviation	
Lendell N. Hawkins	ig indianaly		teste taken on the	wall in acco	ordance with MULE 1	• • •	

Field Superintendent (Title)

(Date)