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STATE OF NEW MEXICO
 ENERGY AND MINERALS DEPARTMENT

Form C-104
 Revised 10-01-78
 Format 06-01-83
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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Phillips Oil Company

Address 4001 Penbrook Street, Odessa, Texas 79762

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Condensate Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

Other (Please explain)
Burch C Federal To Correct Lease Name

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Burch C Fed.</u>	Well No. <u>24</u>	Pool Name, including Formation <u>Grayburg-Jackson SR-0-G-SA</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>028793-C</u>
Location				
Unit Letter <u>A</u>	<u>660</u>	Feet From The <u>North</u> Line and <u>660</u>	Feet From The <u>East</u>	
Line of Section <u>18</u>	Township <u>17-S</u>	Range <u>30-E</u>	<u>NMPM</u>	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"/> <u>Navajo Refining Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 159, Artesia, New Mexico 88210</u>
Name of Authorized Transporter of Condensate Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 Penbrook, Odessa, Texas 79762</u>
If well produces oil or liquids, give location of tanks.	Unit <u>H</u> Sec. <u>13</u> Twp. <u>17S</u> Rge. <u>29E</u>
Is gas actually connected? <u>YES</u>	When <u>July 30, 1972</u>

If this production is commingled with that from any other lease or pool, give commingling order number: Part ID-3
12-14-84
Chg well Name

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

J. B. Rush
 (Signature)
Production Records Supervisor
 (Title)
11-9-84
 (Date)

OIL CONSERVATION DIVISION
 DEC 10 1984

APPROVED _____, IS _____

BY _____ Original Signed By
Leslie A. Clements
 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 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.
 Separate Forms C-104 must be filed for each pool in multiply completed wells.