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STATE OF NEW MEXICO
 ENERGY AND MINERALS DEPARTMENT

Form C-104
 Revised 10-01-78
 Format 06-01-83
 Page 1

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

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PROBATION OFFICE	

**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	<input type="checkbox"/> Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recombination	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinhead Gas	

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 Burch C Fed.	Well No. 30	Pool Name, including Formation Grayburg-Jackson SR-Q-G-SA	Kind of Lease State, Federal or Fee Federal	Lease No. L.C. 028793-C
Location Unit Letter M	Feet From The South Line and 660 Feet From The West		Line of Section 30 Township 17-S Range 30-E, NMPM, 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"/> Navajo Refining Company	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 Casinhead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762
If well produces oil or liquids, give location of tanks.	Unit: 0 Sec: 19 Twp: 17S Rge: 30E Is gas actually connected? <input checked="" type="checkbox"/> When: August 1, 1972

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

APPROVED DEC 10 1984, 19____

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