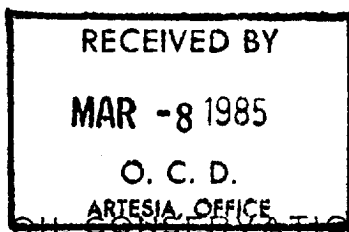


STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.I.G.E.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	



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

Form C-104  
Revised 10-01-78  
Format 05-01-E3  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

API No. 30-015-03054

I. Operator Phillips Oil Company ✓  
Address 4001 Penbrook Street, Odessa, Texas 79762  
Reason(s) for filing (Check proper box)  
☐ New Well ☐ Change in Transporter of:  
☐ Recompletion ☐ Oil ☐ Dry Gas  
☐ Change in Ownership ☐ Casinghead Gas ☐ Condensate  
Other (Please explain): Dissolution of Grayburg Keely Unit effective January 1, 1985 (Formerly identified as: Grayburg Keely Unit, Tract BB, #7)  
If change of ownership give name and address of previous owner INJECTION WELL

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Burch BB Fed</u>	Well No. <u>7</u>	Pool Name, including Formation <u>Grayburg-Jackson, 7R-Q-Gb-SA</u>	Kind of Lease <u>State Federal</u> <del>xxx</del>	Lease No. <u>LC-028793-b</u>
Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>north</u> Line and <u>1980</u> Feet From The <u>east</u> Line of Section <u>23</u> Township <u>17-S</u> Range <u>29-E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>N 23 17S 29E No 3-15-85</u>

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

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.

T. H. McLemore  
(Signature)  
Regulatory & Proration Supervisor  
(Title)  
February 7, 1985  
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 11 1985, 19\_\_\_\_  
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.