



NAME OF OPERATOR	
DISTRIBUTION	
AMT. FE	✓
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

API No. 30-015-03060

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"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

Other (Please explain): Dissolution of Grayburg Keely Unit effective January 1, 1985 (Formerly identified as: Grayburg Keely Unit, Tract BC, #7)

Change of ownership give name and address of previous owner: INJECTION WELL

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Burch C Fed	7	Grayburg-Jackson, 7R-Q-Gb-SA	State Federal xxxx	LC-028793-c

Location: Unit Letter I : 1980 Feet From The south Line and 660 Feet From The east Line of Section 23 Township 17-S Range 29-E , NMPM, Eddy County

II. 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 N Sec. 23 Twp. 17S Rge. 29E Is gas actually connected? No When Post ID-2 3-15-85

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
MAR 11 1985

APPROVED _____, 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.



RECEIVED

MAR -7 1985

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HONORARY