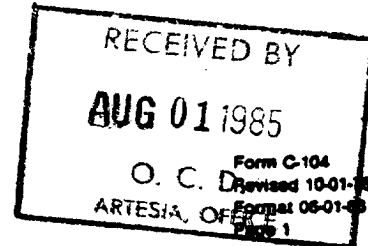


STATE OF NEW MEXICO  
OIL AND MINERALS DEPARTMENT

COPIES RECEIVED	
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TAXES	<input checked="" type="checkbox"/>
REGISTRATION	<input checked="" type="checkbox"/>
LAND OFFICE	
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OPERATOR	<input checked="" type="checkbox"/>
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

Operator PHILLIPS PETROLEUM COMPANY

Address 4001 Penbrook 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"/> Casinghead Gas <input type="checkbox"/> Condensate	Other (Please explain) Changed from Phillips Oil Company August 1, 1985
<input type="checkbox"/> Recompletion		
<input checked="" type="checkbox"/> Change in Ownership		

Change of ownership give name and address of previous owner PHILLIPS OIL COMPANY 4001 Penbrook Odessa, Texas

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Burch C Fed</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Grayburg-Jackson, SR-Q-G-SA</u>	Kind of Lease <u>State, Federal or Fee Federal</u>	Lease No. <u>028793-</u>
Location Unit Letter <u>F</u> : <u>2310</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>West</u> Line of Section <u>23</u> Township <u>17-S</u> Range <u>29-E</u> , NMPM, <u>Eddy</u> County				

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</u>	<u>No</u> <u>8-9-85</u> <u>Chg Op Name</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.

I. 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)  
July 24, 1985  
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 7 1985, 19\_\_\_\_  
BY ORIGINAL SIGNED  
BY LARRY BROOKS  
GEOLOGIST - NMOC  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviator tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditions.  
Separate Forms C-104 must be filed for each pool in multi-completed wells.