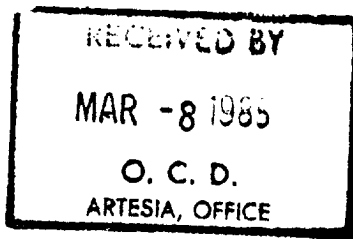


STATE OF NEW MEXICO
OIL AND MINERALS DEPARTMENT



Form C-104
Revised 10-01-78
Format 05-01-83
Page 1

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

PLUGGING RECEIVED	
DISTRIBUTION	
AMT. FE	✓
FILE	✓✓
FILE	
AND OFFICE	
NAMEPORTER	OIL ✓
	GAS ✓
OPERATOR	✓
REGISTRATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

API No. 30-015-03064

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:	Other (Please explain) Dissolution of Grayburg Keely Unit effective January 1, 1985 (Formerly identified as: Grayburg Keely Unit, Tract BC, #8)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	

Change of ownership give name
and address of previous owner _____

INJECTION WELL

DESCRIPTION OF WELL AND LEASE

Lease Name Burch C Fed	Well No. 8	Pool Name, including Formation Grayburg-Jackson, 7R-Q-Gb-SA	Kind of Lease State, Federal or Foreign	Lease No. Lc-028793-c
---------------------------	---------------	--	---	--------------------------

Location
Unit Letter P : 660 Feet From The south Line and 660 Feet From The east

Line of Section 23 Township 17-S Range 29-E , NMPM. Eddy 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)

Well produces oil or liquids, or location of tanks.	Unit N	Sec. 23	Twp. 17S	Rge. 29E	Is gas actually connected? No	When 3-15-85 See Well Log
--	-----------	------------	-------------	-------------	----------------------------------	---------------------------------

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.

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
Original Signed by
BY Leslie A. Clements
Supervisor District II
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 filled for each pool in multiply completed wells.

11-11-84

RECEIVED

MAR -7 1985

FIELD
RECORDS OFFICE