STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Revised 10-1-78

RECEIVED

JUN 24 1983

O. C. D.
ARTESIA, OFFICE

DISTRIBUTION	
SANTA FE	✓
FILE	✓
U.S.G.S.	
LAND OFFICE	✓
TRANSPORTER OIL	✓
TRANSPORTER GAS	✓
OPERATOR	✓
PRORATION OFFICE	

I.
Operator

Phillips Oil Company ✓

Address

P. O. Box 128, Loco Hills, New Mexico 88255

Reason(s) for filing (Check proper box)

		Change in Transporter of:			Other (Please explain)
New Well	☐	Oil	☐	Dry Gas ☐	Change in Lease Name
Recompletion	☐	Casinghead Gas	☐	Condensate ☐	Burch A
Change in Ownership	☒				

If change of ownership give name
and address of previous owner: General American Oil Co. of Texas, P.O. Box 128, Loco Hills, NM 88255

II. **DESCRIPTION OF WELL AND LEASE**

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Burch-AA Fed	7	Grayburg-Jackson -SR-Ø-G-SA	Federal	LC 028793-A

Location

Unit Letter __B__ : __660__ Feet From The __North__ Line and __1980__ Feet From The __East__

Line of Section __19__ Township __17-S__ Range __30-E__ , NMPM, __Eddy__ County

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Navajo Refining Company — Pipeline Division

Address (Give address to which approved copy of this form is to be sent)
P. O. Box 159 Artesai, New Mexico 88210

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Phillips Petroleum Company

Address (Give address to which approved copy of this form is to be sent)
Phillips Building Odessa, Texas 79762

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	E	19	17S	30E	Yes	March 1, 1962

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

IV. **COMPLETION DATA**

Designate Type of Completion — (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. **TEST DATA AND REQUEST FOR ALLOWABLE** (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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 above is true and complete to the best of my knowledge and belief.

Lendell N. Hawkins
Lendell N. Hawkins (Signature)

Field Superintendent
(Title)

April 11, 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED **JUN 2 8 1983** , 19___

Original Signed By
BY Leslie A. Clements

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 multiple