

RECEIVED

JUN 24 1983

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.  
ARTESIA, OFFICE

|                       |                                     |
|-----------------------|-------------------------------------|
| NO. OF COPIES DESIRED |                                     |
| DISTRIBUTION          |                                     |
| SANTA FE              | <input checked="" type="checkbox"/> |
| FILE                  | <input checked="" type="checkbox"/> |
| U.S.G.S.              |                                     |
| LAND OFFICE           |                                     |
| TRANSPORTER           | <input checked="" type="checkbox"/> |
| OIL                   | <input checked="" type="checkbox"/> |
| OPERATOR              | <input checked="" type="checkbox"/> |
| PROMOTION OFFICE      |                                     |

Operator Phillips Oil Company ✓

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

|   |                        |
|---|------------------------|
| Reason(s) for filing (Check proper box)   | Other (Please explain) |
| New Well <input type="checkbox"/>   | Change in Lease Name   |
| Recompletion <input type="checkbox"/>   | Burch B                |
| Change in Ownership <input checked="" type="checkbox"/>   |                        |
| Change in Transporter of: Oil <input type="checkbox"/> Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |                        |

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

|                              |             |  |                |                  |
|------------------------------|-------------|--|----------------|------------------|
| Lease Name                   | Well No.    | Pool Name, Including Formation         | Kind of Lease  | Lease No.        |
| <u>Burch-BB Fed</u>          | <u>13</u>   | <u>Grayburg-Jackson Gbg &amp; S.A.</u> | <u>Federal</u> | <u>028784-93</u> |
| Location                     | (b) Tr. B   |  |                |                  |
| <u>N 990 South 1650 West</u> |             |  |                |                  |
| Unit Letter                  |             |  |                |                  |
| <u>19</u>                    | <u>17-S</u> | <u>30-E</u>                            | <u>NMPM</u>    | <u>Eddy</u>      |
| Line of Section              | Township    | Range                                  | County         |                  |

|  |  |
|--|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| <u>Navajo Refining Company — Pipeline Division</u>   | <u>P. O. Box 159 Artesia, New Mexico 88210</u>                           |
| Name of Authorized Transporter of Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>    | Address (Give address to which approved copy of this form is to be sent) |
| <u>Phillips Petroleum Company</u>  | <u>Phillips Building Odessa, Texas 79762</u>                             |
| If well produces oil or liquids, give location of tanks.   | Unit Sec. Twp. Rge. is gas actually connected? When                      |
| <u>D 30 17S 30E</u>  | <u>Yes March 1, 1962</u>   |

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

|  |                             |                 |              |          |        |           |             |              |
|--|-----------------------------|-----------------|--------------|----------|--------|-----------|-------------|--------------|
| Designate Type of Completion — <input checked="" type="checkbox"/> | 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 |          |        |           |             |              |
|  |                             |                 |              |          |        |           |             |              |
|  |                             |                 |              |          |        |           |             |              |
|  |                             |                 |              |          |        |           |             |              |

|  |                 |   |            |
|--|-----------------|---|------------|
| TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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) |                 |   |            |
| 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            |

|  |   |
|--|---|
| CERTIFICATE OF COMPLIANCE  | OIL CONSERVATION DIVISION   |
| 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. | JUN 28 1983   |
| <u>Rendell N. Hawkins</u><br>Rendell N. Hawkins (Signature)<br>Field Superintendent<br>(Title)<br><u>April 11, 1983</u><br>(Date)  | APPROVED _____, 19____<br>Original Signed By<br><u>Leslie A. Clements</u><br>Supervisor District II<br>TITLE _____<br>This form is to be filed in compliance with RULE 1104.<br>If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.<br>All sections of this form must be filled out completely for allowable on new and recompleted wells.<br>Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of conditions. Separate Form C-104 must be filed for each pool in multiple. |