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O. C. D.
ARTESIA, OFFICEForm C-104
Revised 10-01-78
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Page 1STATE 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

API No. 30-015-04387

Operator	
Phillips Petroleum Company	
Address	
4001 Penbrook Street, Odessa, Texas 79762	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Burch-C Fed	39	Grayburg Jackson SR-Q-Gb/SA	State, Federal or Fee	Federal LC-028793-C
Location				
Unit Letter <u>L</u> : <u>1946</u> Feet From The <u>South</u> Line and <u>662</u> Feet From The <u>West</u>				
Line of Section <u>30</u> Township <u>17-S</u> Range <u>30-E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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)	
Navajo Refining Company - Pipeline Division	P. O. Box 159, Artesia, New Mexico 88210	
Name of Authorized Transporter of Casinghead 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)	
Phillips 66 Natural Gas Company	4001 Penbrook St., Odessa, Texas 79762	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	G	23
	Twp.	Rge.
	17-S	29-E
Is gas actually connected?	When	
yes	Post ID-2 7-12-87 cmpt BK	

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.

W. J. Mueller

(Signature)

Engineering Supervisor, Reservoir

(Title)

July 9, 1987

(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 14 1987, 19BY Original Signed ByLes A. ClementsTITLE 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.

IV. COMPLETION DATA

W. COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X					X		X
Date Spudded		Date Compl. Ready to Prod.			Total Depth		P.B.T.D.		
3-26-60		2-09-86 (reperfd)			7953'		3566'		
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth		
3599' GR, 3614' RKB		Grayburg/San Andres			2626'		3530'		
Perforations							Depth Casing Shoe		
2663'-3425'							3611'		

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4 & 11"	8-5/8" 24#	1450'	750 sx
7-7/8"	5-1/2" 15.5#	3611'	300 sx TLW, 10#/sx salt
			10% DD + 600 sx "C"
	238	3530	

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)

Date First New Oil Run To Tanks 5-01-87	Date of Test 6-23-87	Producing Method (Flow, pump, gas lift, etc.) 2" x 1 1/2" x 16' RHBC pump	
Length of Test 24 hrs	Tubing Pressure 45	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 6	Water - Bbls. 43	Gas - MCF 21.8

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