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O. C. D.

ARTESIA, OFFICE

STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

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DISTRIBUTE	0 M		
SANTA FE	\mathbb{L}^{2}	Γ	
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v.1.g.1.			
LAND OFFICE			Γ
TRANSPORTER	OIL	,	
	GAS		
OPERATOR			
PROBATION OFFICE		L	

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

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE

PROBATION OFFICE								
Operator . PHILLIP	S PETROLEUM	COMPANY	1			:		
Address 4001 Pe	nbrook	Odessa,	Texas 79	762				
Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership	OII	Change in Transporter of: Other (Please explain) Change in Transporter of: Effective date 1-1-86						
If change of ownership give name and address of previous owner					•			
II. DESCRIPTION OF WELL AND Lette Name Burch-BB Fed	Well No. Pool	i Name, includ yburg-Jac	kson S		nd of Lease	LC028784-93		
Unit Letter F : 1345	Feet From Th	North		1260	Feet From The West			
Line of Section 30 Town	ehip 17S	Range	, · 30E	, NMPM,	Eddy	County		
Mane of Authorized Transporter of Cut & Navajo Refining Company - Name of Authorized Transporter of Casts Phillips 66 Natural Gas C	or Condent Pipeline D	mate 🗀	P. O.	Box 159, A	which approved copy of this form in tesia, New Mexico which approved copy of this form in tessa, Texas 79762	88210		
If well produces oil or liquids.	Unit Sec.	Twp. Rec 17S 30	ls que o	Yes				
If this production is commingled with NOTE: Complete Parts IV and V			ool, give com	mingling order nu	mberr	To the transfer of		
VI. CERTIFICATE OF COMPLIANCE				OIL CON	ISERVATION DIVISION	Carried Advantage		
I hereby certify that the rules and regulation been complied with and that the information my knowledge and belief. Signate Company Company	Ken	ration Division in plete to the be	BYTITL!	his form is to be	nonte	illed or deepened		
Production Records Supervisor January 24, 1986			- tests	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.				
(Date)				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 campieted wells.				

ARCENES OFFICE