**BTATE OF NEW MEXICO** NERGY AND MINERALS DEPARTMENT .. .. ..... ..... DISTRIBUTION SANTA FE PILE U.S.U.S. LAND DFFICE REQUEST FOR ALLOWABLE TRANSPORTER DIL 1.

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

JUN 24 1983

RECEIVED 0-1-78

REGUEST FOR RECOMMEE	
AND	
DRIZATION TO TRANSPORT OIL AND NATURAL	GAS

O. C. D. ARTEGIA, OFFICE

DAS /	1	4	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS								
Operator OPPICE		na Oil	Company	<del></del>				-			
Address		ps OII	Company						<del></del>		
1				Hills, New Mex	ico 88	255	<del></del>				
Reason(s) for filing (C New Wall	^"``	proper box		Transporter of:		Other (Please		Name			
Recompletion							Change in Lease Name				
Change in Ownership	$\overline{\mathbf{x}}$	•	Casinghe	od Gas 🔲 Conder		Burch C		· 			
	ip giv	e name G	eneral Am	erican Oil Co.	of TExa	s, P.O. 1	Box 128, L	oco Hills, NM	88255		
DESCRIPTION OF			LEASE	Pool Name, Including F	ormallon		Kind of Lease		Lease No.		
Burch-CC Fed			4	Grayburg-Jack			State, Federal	or F. Federal	028793-C		
Location								<b>7</b> +			
Unit Letter	I 	-:	980 Feet Fro	m TheSouth Lin		60	Feet From T				
Line of Section	18 ——	Т.	mahip	17-S Range	3 	O-E NMPN	<u>, `</u>	Eddy	County		
DESIGNATION OF	TRA	NSPOR	TER OF OIL	AND NATURAL GA	S Address (	Give address	to which approv	ed copy of this form is t	o be sent)		
Name of Authorized Transporter of CII X or Condensate  Navajo Refining Company — Pipeline Division					P.O. Box 159 Artesia, New Mexico 88210						
Name of Authorized Transporter of Casingheat Gas X 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						
<del>`</del>			Unit Sec	. Twp. Rge.	1	tually connect	ed? Whe	n			
If well produces oil or give location of tanks.	lidni	18,	H 1:	3 17S 29E	Yes		1 M	arch 17, 1972			
If this production is a COMPLETION DA		ingled wi		ny other lease or pool,				Plug Back   Same Res	i'v. Diff. Res'v		
Designate Type of Completion - (X)					Now Well	Workover	Deepen	I I	1		
Date Spudded			Date Compl. F	Ready to Prod.	Total Dep	oth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formatio				ucing Formation	Top Oil/Gas Pay			Tubing Depth			
Perforations			J					Depth Casing Shoe			
		- <del></del>		UBING, CASING, AND	LEMENI	DEPTH S		SACKS CEN	MENT		
HOLE S	IZE	<del> </del>	CASING	6 A TUBING SIZE		<u> </u>					
					<u>i</u>			i			
TEST DATA AND OIL WELL	REQ	UEST F	OR ALLOWA	BLE (Test must be a able for this de	psh or be fo	or full 24 hour	ume of load oil o s) w, pump, gas lif	and must be equal to or	yxceed sop allo		
Date First New Oil Ru	n To	Tank #	Date of Test		Producing	2 Klatnod (Fibi	ν, ρυπρ. <b>2</b> 03 ···,	, who			
Length of Test Tu			Tubing Press	Tubing Pressur€		lessm&		Choke Size			
Actual Prod. During Test Cil-Bble.			Water-Bbls.			GOB-MOF	3 Norm				
			J		<u></u> ~			1108			
GAS WELL			Length of Tee		Bbls. Co.	ndenegte/MMC	:F	Gravity of Condensate	10		
Actual Prod. Test-MC	.175		Length of 1st	•				. `	1/2		
Teeting Method (publ.	back	pr.)	Tubing Press	w.(shut-in)	Casing P	ressue (Sbut	:-in)	Choke Size			
CERTIFICATE OF COMPLIANCE					OIL CONSERVATION DIVISION						
	••	المصاحبون	ramifations of	the Oli Conservation	APPR	OVED	UN 2 8 196		19		
I hereby certify that the rules and regulations of the Oli Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					II.	Original Signed By					
					- BY Leslie A. Clements  Supervisor District II						
					TITLE						
Dung Haubin						This form is to be filed in compliance with MULE 1104. If this is a request for allowable for a newly drilled or despens					

Lendell N. Hawkins (Signature) Field Superintendent 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 recomplated wells.

Fill out only Sections I. II. III, and VI for changes of owas well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multip-