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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL
	<input type="checkbox"/> GAS
OPERATOR	
PRODUCTION OFFICE	

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

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

**REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator: PHILLIPS PETROLEUM COMPANY

Address: 4001 Penbrook Odessa, Texas 79762

Reason(s) for filing (Check proper box):
 New Well
 Recompletion
 Change in Ownership
Change in Transporter of:
 Oil
 casinghead Gas
 Dry Gas
 Condensate

Other (Please explain):
Effective date 1-1-86

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Burch C Fed</u>	Well No. <u>26</u>	Pool Name, including Formation <u>Grayburg-Jackson-SR-Q-G-SA</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>LC028793-C</u>
Location				
Unit Letter <u>H</u>	: <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u>			
Line of Section <u>30</u>	Township <u>17S</u>	Range <u>30E</u>	<u>NMPM</u>	County <u>Eddy</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

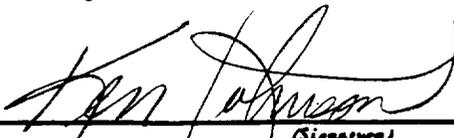
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Refining Company - Pipeline Division</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 159, Artesia, New Mexico 88210</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips 66 Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 Penbrook, Odessa, Texas 79762</u>
If well produces oil or liquids, give location of tanks. Unit <u>0</u> Sec. <u>19</u> Twp. <u>17S</u> Rge. <u>30E</u>	Is gas actually connected? <u>YES</u> When <u>June 20, 1972</u>

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.


Ken Johnson
(Title)
Production Records Supervisor
(Title)
January 24, 1986
(Date)

OIL CONSERVATION DIVISION
MAR 7 1986

APPROVED Original Signed By, 18 _____
BY Las 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 multiply completed wells.



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