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O. C. D.  
ARTESIA OFFICEForm C-104  
Revised 10-01-78  
Format 08-01-83  
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

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input checked="" type="checkbox"/>
OPERATOR	
PRODUCTION OFFICE	

Operator

Phillips Oil Company ✓

Address

4001 Penbrook Street, Odessa, Texas 79762

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

Other (Please explain)

Burch C Federal  
To Correct Lease NameIf change of ownership give name  
and address of previous owner

## I. DESCRIPTION OF WELL AND LEASE

Lease Name Burch C Fed.	Well No. 28	Pool Name, including Formation Grayburg-Jackson SR-Q-G-SA	Kind of Lease State, Federal or Fee Federal	L. Lease No. 028793-C
Location				
Unit Letter J	1980	Feet From The South	Line and 1980	Feet From The East
Line of Section 30	Township 17-S	Range 30-E	N.M.P.M. Eddy	County

## II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) 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"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762
If well produces oil or liquids, give location of tanks.	Unit 0 Sec. 19 Twp. 17-S Rge. 30-E
Is gas actually connected? Yes	When July 30, 1972

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

Past ID-3

NOTE: Complete Parts IV and V on reverse side if necessary.

15-14-84

Chg Well Name

## 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.

J. B. Rush  
(Signature)

J. B. Rush

Production Records Supervisor

(Title)

11-9-84

(Date)

## OIL CONSERVATION DIVISION

APPROVED DEC 10 1984, 18

BY Original Signed By  
Leslie A. Clements  
TITLE 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 deepens well, this form must be accompanied by a tabulation of the deviatric 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 multiple completed wells.