

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

JUN 24 1983

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.  
ARTESIA, OFFICE

NO. OF SPINGS OWNED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	

Operator Phillips Oil Company

Address P. O. Box 128, Loco Hills, New Mexico 88255

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change in Transporter of: Change in Lease Name

Recompletion  Oil  Dry Gas  Burch C

Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name General American Oil Co. of Texas, P. O. Box 128, Loco Hills, NM 88255  
and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Foreign	Kind of Lease	Lease No.
<u>Burch-CC Fed</u>	<u>36</u>	<u>Grayburg-Jackson</u>	<u>State, Federal or Fee Federal</u>	<u>028793-C</u>

Location E 1650 North 330 West

Unit Letter \_\_\_\_\_ ; \_\_\_\_\_ Feet From The \_\_\_\_\_ Line and \_\_\_\_\_ Feet From The \_\_\_\_\_

Line of Section 23 Township 17-S Range 29-E NMPM, Eddy County

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)
<u>Navajo Refining Company - Pipeline Division</u>	<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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Phillips Petroleum Company</u>	<u>Phillips Building Odessa, Texas 79762</u>

If well produces oil or liquids, give location of tanks. Unit G Sec. 23 Twp. 17S Rge. 29E Is gas actually connected? Yes When May 1, 1973

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

COMPLETION DATA

Designate Type of Completion - <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Some Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>
Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ P.B.T.D. _____
Elevations (DF, RKB, RT, GR, etc.) _____ Name of Producing Formation _____ Top Oil/Gas Pay _____ Tubing Depth _____
Perforations _____ Depth Casing Shoe _____

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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 _____	Date of Test _____	Producing Method (Flow, pump, gas lift, etc.) _____
Length of Test _____	Tubing Pressure _____	Casing Pressure _____ Choke Size _____
Actual Prod. During Test _____	Oil - Bbls. _____	Water - Bbls. _____ Gas - MCF _____

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 _____

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 above is true and complete to the best of my knowledge and belief.

Rendell N. Hawkins  
Rendell N. Hawkins (Signature)  
Field Superintendent  
(Title)  
April 11, 1983  
(Date)

OIL CONSERVATION DIVISION  
JUN 28 1983

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY Leslie 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 deviator 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.