BTATE OF NEW MEXICO RGY AND MINERALS DEPARTMENT Distantantion SANTA FE 2 U.S.U.S. LAND OFFICE TRANSPORTER DIL DPFRAT-OR PRONATION DEFICE

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

RECEIVED

Form C-104 Revised 10-1-78

JUN 24 1983

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.

ARTEGIA, OFFICE

Separate Forms C-104 must be filed for each poel in multipl

Phillip	s Oil Company						
Address P. O. Bo	ox 128, Loco Hills, N	lew Mex	ico 88255				
Reason(s) for liling (Check proper	boxi		Other (Plea	se explain)			
	Change in Transporter of	of:	Chango	in losco	Namo		
New Well	Oil	Dry Ga		in Lease	Name		
Recompletion	Casinghead Gas	Conden	Fil Burch	В			
Change in Ownership X	Castuduega Gos [
If change of ownership give nar and address of previous owner_	e General American Oi	.1 Co.	of Texas, P. O	. Box 128,	Loco Hills, NM	88255	
DESCRIPTION OF WELL A! Lease Name Burch-B	ND LEASE. Well No. Pool Name, I B Fed 28 Grayburg	nciwding Fa Jackso	Grayburg &	Kind of Leas State, Federa	Federal	CL No. 028784-93 (b) Tr. B	
Location							
Unit LetterB	1295 Feet From The NO	rth_Lin	• and	Feet From	The <u>East</u>		
Onit Letter							
Line of Section 23	T. wmshir 17-S	Range	29-E , NMF	РΜ,	Eddy	County	
DESIGNATION OF TRANSP	ORTER OF OIL AND NATU	'RAL GA	S			1	
Nome of Authorized Transporter of	CII 💢 or Condensate 🗀	j	Andress (Live addres.		ved copy of this form is t		
Navaio Refining Comm	oany — Pipeline Divi		P.O. Box 159	<u>Artesia,</u>	New Mexico 88	210	
Name of Authorized Transporter of	Cosingherd Gas X or Dry G	as 🗌	}		wed copy of this form is t		
Phillips Petroleum (Company	•			ssa, Texas 797	52	
If well produces oil or liquids,	Unit Sec. Twp.	Rige.	Is gas octually conne			7.4	
give location of tanks.	: G : 23 : 17S	; 29E	Yes		November 21, 19	/4	
If this production is commingled	with that from any other leas	e or pool,	give commingling ord	ler number:			
If this production is commingied COMPLETION DATA	with that from any other season					75.4 8 4	
		Gas Well	New Well Workove	Deepen	Plug Back Same Res	Juli, Resiv.	
Designate Type of Compl	etion — (X)		1	1	1 · · · · · · · · · · · · · · · · · · ·		
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.3.T.D.		
					T. V DIb		
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	on	Top Oll/Gas Pay		Tubing Depth		
Perforations					Depth Casing Shoe		
					<u></u>		
	TUBING, CA	SING, AND	CEMENTING RECO	ORD			
HOLE SIZE	CASING & TUBING		DEPTH		SACKS CE	VENT	
71022 3120							
					_ i		
The same areas	CEOR SHOWARIE (Tex	must be a	tier recovery of ioial vo	lume of load oil	and must be equal to or	exceed top allow	
TEST DATA AND REQUEST	able	for this de	pth or be for full 24 hos	ur a)		<u> </u>	
OIL WELL Date First New Oil Run To Tonks	Dote of Test		Producing Method (FI	ow, pump, gas l	ift, etc.)	J	
Duta 1 list was Sir ton	1				\mathcal{K}		
- A Table	Tubing Pressure		Casing Pressure		Choke Size	<u>(</u>)	
Length of Test					Ma 3	2 W D	
Actual Prod. During Test	O11-851e.	O11 - Bb2s.		Water-Bbls.		COS-MCF A CO COM	
	<u>· </u>		l		A JUNE	The state of the s	
GAS WELL					190	p_{r}	
Actual Prod. Test-MCF/D	Length of Test		Bbis. Condensate/MN	4CF	Gravity of Condensati	υ) ·	
Testing Method (pirot, back pr.)	Tubing Pressure (Shmt-in)	Cosing Pressure (5b)	ut-10)	Choke Size		
				CONSEDIA	TION DIVISION		
CERTIFICATE OF COMPLI	ANCE		H .				
			APPROVED	JN 28198:	3	, 19	
I hereby certify that the rules s	nd regulations of the Oll Con	Bervation	il Out	Hudi andisan si			
Division have been complied above is true and complete to	with and that the information the heat of my knowledge as	given id bellal.		ie A. Clements			
above is into and complete to	till boat of the till		Sup	ervisor District i	ii .		
			TITLE			·	
			This form is	to be filed in	compliance with nut	E 1104.	
LI 1 10 1 1/2 Par			Il to allowable for a newly drilled or deepens.				
() endell !!	June ms		11	CONTRACTORS	BRISO DA # IFDOISTION .	Of the Correct.	
Lendell N. Hawkins (Signature)			well, this form must be accompanied by a Labeletion of the deviation tests laken on the well in accordance with MULE 111.				
Field Superintendent			All sections of this form must be filled out completely for allow				
(Tale)			able on new and recompleted wells. Fill out only Sections 1, 11, 111, and VI for changes of condition				
MPM 11, 1483	(l)a(*)		well name or num	pet or transpo	met, or binor aden enan		
,	1 * * * * *		11	C 104	at the filted for each t	aoet in multipl	