BTATE OF NEW MEXICO TIGY AND MINERALS DEPARTMENT DISTRIBUTION SANTA PE 116 U. 8.U. 8. LAND OFFICE TRANSPORTER OIL

OIL CONSERVATION DIVISION

P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-1-78

RECEIVED

REQUEST FOR ALLOWABLE

JUN 24 1983

TOANSPORTED OIL	REQUEST FOR	AUTOMARTE .		O. C. D.		
OPENATION V	AUTHORIZATION TO TRANSP	· -	RAL GAS AF			
PRODATION OFFICE						
Phillips Oi	il Company					
Address						
	l28, Loco Hills, New Mexi					
Reason(s) for liling (Check proper box)						
New Well	Change in Transporter of: Change in Lease Name					
Recompletion Change in Ownership X	—	日 日 Burch B				
If change of ownership give name and address of previous owner	General American Oil Co.	of Texas, P. O	. Box 128	, Loco Hills, 1	JM 88255	
DESCRIPTION OF WELL AND I	EASE				LCLease No.	
Lease Name Burch_BB Fe	Well No. Pool Name, including		State, Federal	orF. Federal	028793-B	
L 2310	Feet From The South Line	• and	Feet From T	he		
Line of Section 23 T. w	mahip 17-S Range	29-Е , ммрм,	I	Eddy	County	
DESIGNATION OF TRANSPORT	FR OF OIL AND NATURAL GA	S				
Name of Authorized Transporter of Cil	or Condensate	Andress (Give address t				
Navajo Refining Company	/ — Pipeline Division	P.O. Box 159 Address (Give address t	Artesia, I	New Mexico 88	o be sent!	
Name of Authorized Transporter of Cas Phillips Petroleum Comp		Phillips Build	ing Odes			
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connecte		ovember 16, 19	31	
give location of tanks.	; G ; 23 ; 17S ; 29E	Yes		OVEINDET 10, 15		
If this production is commingled with COMPLETION DATA		give commingling order New Well Workover	Deepen	Plug Back Same Res	'v. Diff. Res'v.	
Designate Type of Completio	.	New Hell	t l		! ! 	
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 RECOR	D			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT		
TEST DATA AND REQUEST FO	PR ALLOWABLE (Test must be a) able for this de	feer recovery of socal volume psh or be for full 24 hours	<i>)</i>		exceed top allow	
Date First New Oil Run To Tonks	Date of Test	Producing Method (Flow, pump, gas lift		······································)	
Length of Test	Tubing Pressue	Cosing Pressure		Choke Size	<u>b</u>	
Actual Prod. During Test	011-5ala.	Water-Bble.		Gas-MCF VI A		
				the of Day		
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCI	F	Cravity of Concerned	y .	
		Cosing Pressure (Shut-	-1n \	Choke Size	<i>.</i>	
Testing Method (publ. back pr.)	Tubing Pressur (Shnt-in)					
CERTIFICATE OF COMPLIANC	ČE .	JUN	ONSERVAT N 2-8 1983	ION DIVISION	19	
I hereby certify that the rules and re	egulations of the Oll Conservation	APPROVED	riginal Signed			
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief,		BY Leslie A. Clements				
		Supervisor District II				
		11	to filed in c	ompliance with nur	E 1104.	

Field Superintendent (Tille)

983

If this is a request for allowable for a newly drilled or despensu well, this form must be accompanied by a tabulation of the deviation tasts labor on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-able on new and recompleted walls.

Till out only Sections I, II, III, and VI for changes of owner I name or number, or transporter, or other such change of conditions Countries Forms C-104 most be filed for each pool in multiple