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Form C-104
Revised 10-01-78
Format 06-01-83
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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

API No. 30-015-24415

I.

Operator: Phillips Oil Company ✓

Address: Room 401, 4001 Penbrook St, Odessa, Texas 79762

Reason(s) for filing (Check proper box)

- [X] New Well
- [ ] Recompletion
- [ ] Change in Ownership

Change in Transporter of:

- [ ] Oil
- [ ] Dry Gas
- [ ] Casinghead Gas
- [ ] Condensate

Other (Please explain)

CASINGHEAD GAS MUST NOT BE FLARED AFTER 6-17-84 UNLESS AN EXCEPTION FROM THE B. L. M. IS OBTAINED

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Burch BB Fed	35	Grayburg-Jackson-SR-Q-Gb-SA)	State, Federal or Fee Fed.	LC-0287 84-93b

Location

Unit Letter M : 790 Feet From The South Line and 330 Feet From The West

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

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Company - Pipeline Division	P. O. Box 159, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Company	4001 Penbrook Street, Odessa, Texas 79762

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	23	17-S	29-E	No	

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.

W. J. Mueller
(Signature)

Senior Engineering Specialist
(Title)

May 9, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 17 1984, 19 _____

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 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.

Post FD-2
5-18-84
BK

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IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1-15-84	4-08-84	3500'	3442'
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3578.4' GR	Grayburg-Jackson (SR-Q-Gb-SA)	~~2488~~ 2314	3415'
Perforations			**Depth Casing Shoe**
Perf'd 4 1/2" csg 2/2JSPF from 2314-3394' 153' 306 shots			3498'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	352'	350 sx class "C"
7-7/8"	4-1/2"	3498'	400 sx "C", 5#/sx
salt, 1/4#/sx cellophane, 3#/sx gilsonite		DV tool @ 2008', 2nd stg: 1000 sx TLW,	
300 sx, class "H" w/additives 2 3/8		3415	

V. TEST DATA AND REQUEST FOR ALLOWABLE *(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)*

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
4-8-84	5-7-84	2" x 1 1/4" x 12' insert pump	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs	- - -	- - -	- - -
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
	41	52	822

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method *(pitot, back pr.)*	**Tubing Pressure** (Shut-in)	**Casing Pressure** (Shut-in)	**Choke Size**