

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 06-01-83

RECEIVED BY
JUL - 6 1987
O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
PHILLIPS PETROLEUM COMPANY

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

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Burch-C Fed	Well No. 46	Pool Name, including Formation Grayburg-Jackson-7R-Q-G-SA	Kind of Lease State, Federal or Fee Federal	Lease No. LC-028793-C
Location Unit Letter I ; 2080 Feet From The South Line and 760 Feet From The East Line of Section 30 Township 17-S Range 30-E , NMPM, Eddy County				

III. 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	Address (Give address to which approved copy of this form is to be sent) Box 159, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook St., Odessa, Texas 79762					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 24	Twp. 17-S	Rge. 24-E	Is gas actually connected? Yes	When 6/12/87

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.

Ralph J. Roper R. J. Roper
(Signature)
Engineering Supervisor, Reservoir
(Title)
7/1/87 (Date) (915) 367-1488

OIL CONSERVATION DIVISION

APPROVED AUG 10 1987, 19
BY Les A. Grier Original Signed By
TITLE Supervisor District II

This form is to be filled 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.

IV. COMPLETION DATA

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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 4/11/87		Date Compl. Ready to Prod. 6/12/87			Total Depth 3500'		P.B.T.D. 3427'		
Elevations (DF, RKE, RT, GR, etc.) 3588'		Name of Producing Formation Grayburg-San Andres			Top Oil/Gas Pay 2719'		Tubing Depth 2392'		
Perforations 2719'-3418'							Depth Casing Shoe 3500'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	370'	350 sk
7-7/8"	5-1/2"	3500'	1300 sk
	2 3/8	2392	

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)

Date First New Oil Run To Tanks 6/12/87	Date of Test 6/23/87	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test: 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 59.7	Water - Bbls. 19	Gas - MCF 99

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