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
JUN 27 '88
O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: Phillips Petroleum Company ✓

Address: 4001 Penbrook St., Odessa, TX 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)*

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 State, Federal or Fee	Lease No.
Burch-C Fed	47	Grayburg Jackson, 7R-Q-G-SA	Fed	LC-028793-C

Location

Unit Letter P 660 Feet From The East Line and 660 Feet From The South

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 [x] or Condensate [ ]: Navajo Refining Co.-Pipeline Division

Address *(Give address to which approved copy of this form is to be sent)*: P. O. Box 159, Artesia, NM 88210

Name of Authorized Transporter of Casinghead Gas [x] or Dry Gas [ ]: Phillips Petroleum Company

Address *(Give address to which approved copy of this form is to be sent)*: 4001 Penbrook St., Odessa, TX 79762

If well produces oil or liquids, give location of tanks.	Unit	Sec	Twp.	Rge.	Is gas actually connected?	When
	K	24	17S	24E	Yes	5/13/88 Pool ID-2

If this production is commingled with that from any other lease or pool, give commingling order number: 7-8-88 comp + DK

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)
Engineering Supervisor, Reservoir
(Title)
6/23/88
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 29 1988, 19____

BY Original Signed By
Mike Williams

TITLE Oil & Gas Inspector

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 cahnges 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

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.
3/16/88	5/10/88	3600'	3552'
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3599' GR	Grayburg/San Andres	2507'	3388'
Perforations			**Depth Casing Shoe**
2507'-3390'			3600'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	368'	350 sk (circ'd)
5-1/2"	5-1/2"	3600'	900 sk
	2-3/8"	~~3500~~' 3388'	

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.)*	
5/13/88	6/20/88	Pumping	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs.	25 psi		
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
	49	4	54

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**

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.
If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.
Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.
Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.
Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.
Item 29: "*Sacks Cement*": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.
Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
Yates	1220	1570	Sandstone, anhydrite, dolomite, red shale
Seven Rivers	1570	1996	Sandstone, anhydrite, halite, dolomite
Queen	1996	2500	Sandstone, dolomite
Penrose	2500	2575	Sandstone
Grayburg	2575	2760	Sandstone, dolomite
Loco Hills	2760	2836	Dolomitic sandstone
U. Metex	2836	2887	Sandstone
M. Metex	2887	2928	Sandstone
L. Metex	2928	3022	Sandstone
Premier	3022	3072	Sandstone
San Andres	3072	3221	Dolomite
Lovington	3221		Sandstone

38. GEOLOGIC MARKERS

NAME	TOP MEAS. DEPTH	TOP TRUE VERT. DEPTH

U.S. GOVERNMENT PRINTING OFFICE: 1963—O-683636