Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Anesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION APR 1 3 1992

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

O. C. D.

DISTRICT III 1000 Rio Brazos Rd., Azlec, NM 87410	REQL	JEST FO	OR ALLOWAE	BLE AN	D AUTHORI		HA DEFICE			
I.		TO TRA	NSPORT OIL	AND	NATURAL G	AS				
Operator			<u> </u>		Well API No.					
Phillips Petroleum Company								0-015-26880		
Address						·	<u>-</u>			
4001 Penbrook Stre	eet, Oc	lessa.	Texas 7976		Other (Please expl					
Reason(s) for Filing (Check proper box)		<u> </u>	T		Other (Flease expe	aur)				
New Well	A ''	Change in	Transporter of:							
Recompletion \square	Oil		Dry Gas							
Change in Operator	Casinghea	IN CHE	Condensate							
If change of operator give name and address of previous operator				_						
IL DESCRIPTION OF WELL	AND LE									
Lease Name		1	Pool Name, Includi				of Lease Federal or Fee	Lease No. LC-028793-C		
Burch C Federal		48	Gb/Jack:	son//k	Q/GB/SA	XXX	XXXXX	ILC-028/93-C		
Unit Letter	:207	70	Feet From The	East	Line and 121	.0Fe	et From The	south Line		
Section 23 Township	17-9	S	Range 29-E		, NMPM,	Edd	у	County		
III. DESIGNATION OF TRAN	SPORTE	ER OF O	IL AND NATU	RAL G	AS					
Name of Authorized Transporter of Oil X or Condensate					Address (Give address to which approved copy of this form is to be sent)					
Phillips Petroleum Company Truck				400	l Penbrook	Street	Odessa.	Texas 79762		
Name of Authorized Transporter of Casinghead Gas				Address (Give address to which approved copy of this form is to be sent)						
El Paso Natural Gas Con					P.O. Box 1492, El Pas			so, Texas 79999		
If well produces oil or liquids,	Unit	Sec.	Twp. Rge.	is gas actually connected?		When	When?			
give location of tanks.	K	24	17S 29E	No		<u>l Wai</u>	ting on g	as connection.		
If this production is commingled with that f	rom any otl	her lease or ;	pool, give comming	ing order	number:					
IV. COMPLETION DATA										
Designate Type of Completion	· (X)	Oil Well	Gas Well	New W	/eli Workover	Deepen	Plug Back Sa	me Res'v Diff Res'v		
		pl. Ready to	Prod	Total De	oth	<u> </u>	P.B.T.D.			
Date Spudded	1		, Lion	i	•		1			
11-25-91 3-4-92 levations (DF, RKB, RT, GR, etc.) Name of Producing Formation				3575 Top Oil/Gas Pay				Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)	_	ATTEMINOUS .	•			• •				
3592 DF - 3585 GR	ndres	es		2268'		Depth Casing S				
2268-3470							1 -			
2268-2710		TIBBIC	CASING AND	CEMEN	TING PECON	20	357	4 <u>·</u>		
1101 E 017E	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SA	CKS CEMENT		
HOLE SIZE	}					<u> </u>	350 sx Class "C"			
8-5/8"	 	12-1/4'		376			1 '	1200 sxs H/L, Fail 400		
5-1/2"	7-7/8"			3574			sxs Class "C" neat			
							sxs tias	s u near		
V. TEST DATA AND REQUES	T FOR	ALLOW	ABLE			····				
OIL WELL (Test must be after re				be equal	o or exceed top all	lowable for thi	s depth or be for	full 24 hours.)		
Date First New Oil Run To Tank	Date of Te		<u> </u>		g Method (Flow, p			Pret ID-2		
3-6-92	4-4-92			Pumping				6-5-90		
Length of Test	Tubing Pressure			Casing Pressure			Choke Size	comp & BK		
24 hrs	20#						1	"		
Actual Prod. During Test	Oil - Bbls.	l - Bbis.			Water - Bbis.					
_		20		22			19			
GAS WELL	4									
Actual Prod. Test - MCF/D	Length of Test			Bbis. Co	Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
	<u> </u>						ļ			
VI. OPERATOR CERTIFIC				11		NCEDV	ATION D	IVISION		
I hereby certify that the rules and regula	ations of the	Oil Conser	vation	11	OIL COI	NOEN V	A HON D	14101014		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				11	Date Approved MAY 2 8 1992					
is true and complete to the best of my i	•	^	/	D	ate Approve	edriA	1 10 1331	<u> </u>		
, / (In. AXY)	100	es/		11						
							SIGNED BY			
Supervisor L. M. Sanders Regulation & Prorat:					Ibn MIKE WILLIAMS					
Printed Name Title					Title SUPERVISOR, DISTRICT II					
4/8/92			8-1665	'						
Date		Tele	phone No.	11				•		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.