

OIL CONSERVATION DIVISION

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

Form C-104  
REVISED 10-79  
RECEIVED BY  
JAN 16 1984  
O. C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF APPLICANTS	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

1. Operator  
Phillips Petroleum Company ✓

Address  
4001 Penbrook, Odessa, Texas 79762

Reason(s) for filing (Check proper box) Other (Please explain)  
 New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas  Effective: 12/01/83  
 Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner  
Phillips Oil Company, 4001 Penbrook, Odessa, Texas 79762

II. DESCRIPTION OF WELL AND LEASE  
 Lease Name: Burch AA Fed  
 Well No.: 27  
 Pool Name, including Formation: Grayburg-Jackson SR-Q-G-SA  
 Kind of Lease: Federal  
 Lease No.: LC 028793-A  
 Location:  
 Unit Letter: J  
 1650 Feet From The South Line and 1650 Feet From The East  
 Line of Section: 19 Township: 17-S Range: 30-E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
 Name of Authorized Transporter of Oil  or Condensate   
 Navajo Refining Company-Pipeline Division  
 Address (Give address to which approved copy of this form is to be sent)  
 P. O. Box 159 Artesia, New Mexico 88210  
 Name of Authorized Transporter of Casinghead Gas  or Dry Gas   
 Phillips Petroleum Company  
 Address (Give address to which approved copy of this form is to be sent)  
 Phillips Building, Odessa, Texas 79762  
 If well produces oil or liquids, give location of tanks:  
 Unit: E Sec: 19 Twp: 17S Rge: 30E  
 Is gas actually connected? Yes  
 When: March 1, 1962

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA  
 Designate Type of Completion - (X)  
 Oil Well  Gas Well  New Well  Workover  Deepen  Plug Back  Same Res'v.  Diff. Res'v.   
 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 RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

VI. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	Choke Size
Length of Test	Tubing Pressure	Casing Pressure	Gas-MCF
Actual Prod. During Test	Oil-Bble.	Water-Bble.	

*Posted 99-3 1-20-84 chg. O/D*

GAS WELL  
 Actual Prod. Test-MCF/D  
 Length of Test  
 Bble. Condensate/MMCF  
 Gravity of Condensate  
 Testing Method (psig, back pr.)  
 Tubing Pressure (shut-in)  
 Casing Pressure (shut-in)  
 Choke Size

1. 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 above is true and complete to the best of my knowledge and belief.  
 J. B. Rush  
 (Signature)  
 Production Records Supervisor  
 (Title)  
 December 15, 1983  
 (Date)

OIL CONSERVATION DIVISION  
 APPROVED JAN 17 1984  
 Original Signed By  
 BY Leslie A. Clements  
 Supervisor District II  
 TITLE  
 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.