

UMC Petroleum Corporation

October 15, 1996

State of New Mexico  
Oil Conservation Division  
P.O. Drawer DD  
811 S. First Street  
Artesia, NM 88210

Re: Burton Flat Deep Ut. #9 E-35-20-28  
Burton Flat Deep Ut. #3 V-3-21-27  
Burton Flat Deep Ut. #4 N-34-20-28  
Eddy D Fed Com #1 F-20-18-31  
Littlefield EM Fed Com #1 J-20-18-31

Gentlemen,

Enclosed please find Southeast New Mexico Packer Leakage Tests on the Burton Flat Deep Ut. #3 and Burton Flat Deep Ut. #4. The remaining wells referenced above were not tested due to the fact that they are shut-in at this time.

If there are any questions regarding the enclosed, please contact the undersigned at (915) 683-3003.

Sincerely,



April J.M. Lahnum  
Production Technician

Enclosure

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

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

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-88  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>GENERAL ATLANTIC RESOURCES, INC</b>		Well API No. <b>30-015-20960</b>
Address <b>410 SEVENTEENTH STREET, SUITE 1400 - DENVER, COLORADO 80202</b>		
Reason(s) for Filing (Check proper box)		
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Other (Please explain)	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of operator give name

and address of previous operator

**BHP PETROLEUM (AMERICAS), INC., 5847 SAN FELIPE, SUITE 3600, HOUSTON, TX 77057**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Burton Flat Deep Unit</b>	Well No. <b>9</b>	Pool Name, including Formation <b>Burton Flat Strawn</b>	Kind of Lease <b>Federal</b>	Lease No. <b>NM0442882</b>
Location				
Unit Letter <b>E</b>	<b>1980</b>	Feet From The <b>North</b> Line and <b>660</b>	Feet From The <b>West</b> Line	
Section <b>35</b>	Township <b>20S</b>	Range <b>28E</b>	N.M.P.M. <b>Eddy</b>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <b>The Permian Corp.</b> <input type="checkbox"/>	or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>P.O.Box 1183, Houston, Texas 77001</b>				
Name of Authorized Transporter of Casinghead Gas <b>Phillips 66 Natural Gas Co.</b> <input type="checkbox"/>	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>820 M Plaza Office Bldg., Bartlesville, Ok. 74004</b>				
If well produces oil or liquids, give location of tanks.	Unit <b>E</b>	Sec. <b>35</b>	Twp. <b>20S</b>	Rge. <b>28E</b>	Is gas actually connected? <b>Yes</b>	When? <b>1/20/90</b>

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

IV. 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 (DP, RKB, JT, 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			

V. TEST DATE 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 for full test hours)

Date First New Oil Run to Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	<b>RECEIVED</b> <b>JUN 16 1993</b> <b>OIL CON. DIV.</b> <b>DIST. 3</b>
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

GAS WELL

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

VI. OPERATOR 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.

Signature

**Jim Wolfe** Vice President/Operations

Printed Name

Title

5/01/93

Date

(303) 573-5100  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JUN 23 1993**

By

**ORIGINAL SIGNED BY**  
**MIKE WILLIAMS**  
**SUPERVISOR, DISTRICT II**

Title

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

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

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

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

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

RECEIVED

JUL 22 1991

O. C. D.  
ARTESIA, OFFICE

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator BHP PETROLEUM (AMERICAS) INC.		Well API No.
Address 5847 SAN FELIPE, SUITE 3600, HOUSTON, TEXAS 77057		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> INTRACOMPANY NAME CHANGE ONLY Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator BHP PETROLEUM COMPANY INC., 5847 SAN FELIPE, SUITE 3600, HOUSTON, TX 77057		

### II. DESCRIPTION OF WELL AND LEASE

Lease Name BURTON FLAT DEEP UNIT	Well No. 9	Pool Name, including Formation BURTON FLAT STRAWN	Kind of Lease <del>State</del> Federal <del>Oil</del>	Lease No. NMO442882
Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>N</u> Line and <u>660</u> Feet From The <u>W</u> Line Section <u>35</u> Township <u>20S</u> Range <u>28E</u> , NMPM, <u>EDDY</u> County				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS SCURLOCK PERMIAN CORP EFF 9-1-91

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> THE PERMIAN CORPORATION	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1183 HOUSTON, TX 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> PHILLIPS 66 NATURAL GAS COMPANY	Address (Give address to which approved copy of this form is to be sent) 820 M PLAZA OFFICE BLDG, BARTLESVILLE, OK 74004					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 35	Tw. 20S	Rge. 28E	Is gas actually connected? YES	When? 01-02-90

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

### IV. 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		

### V. 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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size <u>7-26-91</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF <u>big OP</u>

### GAS WELL

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

### VI. OPERATOR 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.

Signature Scott Sanders  
Printed Name SCOTT SANDERS DRILLING/OPERATIONS  
Title ENGINEER  
Date JULY 12, 1991 Telephone No. 713-780-5375

### OIL CONSERVATION DIVISION

Date Approved JUL 23 1991  
By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

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

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