

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 1-1-80  
See Instructions  
at Bottom of Page

RECEIVED  
JUN 21 1993

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

|  |  |                                     |
|--|--|-------------------------------------|
| Operator<br><b>GENERAL ATLANTIC RESOURCES, INC</b>   |  | Well API No.<br><b>30-015-24664</b> |
| Address<br><b>410 SEVENTEENTH STREET, SUITE 1400 - DENVER, COLORADO 80202</b>  |  |                                     |
| Reason(s) for Filing (Check proper box)<br>New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) <input type="checkbox"/><br>Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/><br>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<br><b>DEEP<br/>Burton Flat/Unit</b>  | Well No.<br><b>15</b> | Pool Name, including Formation<br><b>Undesignated Bone Springs</b> | Kind of Lease<br><b>Federal</b> | Lease No.<br><b>NM0428854</b> |
| Location<br>Unit Letter <b>F</b> : <b>1980</b> Feet From The <b>North</b> Line and <b>1980</b> Feet From The <b>West</b> Line<br>Section <b>27</b> Township <b>20S</b> Range <b>28E</b> ,NMPM, <b>Eddy</b> County |                       |  |                                 |                               |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |  |                    |                    |  |                                   |
|--|--|--|--------------------|--------------------|--|-----------------------------------|
| Name of Authorized Transporter of Oil<br><b>The Permian Corp.</b> <input checked="" type="checkbox"/>                      | or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent)<br><b>P.O.Box 1183, Houston, Texas 77001</b>                |                    |                    |  |                                   |
| Name of Authorized Transporter of Casinghead Gas<br><b>Phillips 66 Natural Gas Co.</b> <input checked="" type="checkbox"/> | or Dry Gas <input type="checkbox"/>    | Address (Give address to which approved copy of this form is to be sent)<br><b>820 M Plaza Office Bldg., Bartlesville, Ok. 74004</b> |                    |                    |  |                                   |
| If well produces oil or liquids,<br>give location of tanks.  | Unit<br><b>F</b>                       | Sec.<br><b>27</b>  | Twp.<br><b>20S</b> | Rge.<br><b>28E</b> | Is gas actually connected?<br><input type="checkbox"/> | When?<br><input type="checkbox"/> |

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      |           |            |            |
|                                     |                             |          |                 |          | <b>1st ID-3</b>   |           |            |            |
|                                     |                             |          |                 |          | <b>6-25-53</b>    |           |            |            |
|                                     |                             |          |                 |          | <b>chg up</b>     |           |            |            |

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 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 |
| Actual Prod. During Test  | Oil - Bbls.     | Water - Bbls.                                 | Gas - MCF  |

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OIL CON. DIV  
DIST. 3

GAS WELL

|                                    |                           |                           |                       |
|------------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D          | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (outflow basic 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**  
Printed Name **Jim Wolfe** Title **Vice President/Operations**  
Date **5/01/93** Telephone No. **(303) 573-5100**

OIL CONSERVATION DIVISION

Date Approved **JUN 23 1993**  
By **ORIGINAL SIGNED BY**  
**MIKE WILLIAMS**  
Title **SUPERVISOR DISTRICT II**

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.