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State of New Mexico nergy, Minerals and Natural Resources Deptement

Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088

JAN 1 9 1994

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| Operator   |   | 7                              | A.M. MATORAL G.                |  |                           |  |  |
|--|---|--------------------------------|--------------------------------|--|---------------------------|--|--|
| Operator PRESIDIO OIL COMPANY  |   |                                |                                | Well API No.<br>3001524702               |                           |  |  |
| Address 5613 DTC PAR<br>SUITE 750, P<br>ENGLEWOOD, C                             |   |                                |                                |  |                           |  |  |
| Reason(s) for Filing (Check proper box)  | 0 80130-75  | ۵ کے د                         | Other (Please ex               | plain)                                   |                           |  |  |
| New Well   | Transporter of:   |                                |                                |  |                           |  |  |
| Recompletion   | Oil   | Dry Gas                        |                                |  |                           |  |  |
| Change in Operator   | Casinghead Gas  | Condensate                     |                                |  |                           |  |  |
| If change of operator give name and address of previous operator <b>EX</b>       | XON CORP.   | P. O. BO                       | X 1600 MIDLAN                  | D, TX                                    | 79702                     |  |  |
| II. DESCRIPTION OF W<br>Lease Name   |   | EASE<br>o. Pool Name, Includin | a Formation                    | Kind of                                  | Lagge                     |  |  |
| BURTON FLAT B FEDERAL  | 2   |                                | State,                         |  | Federal or Fee NM 46275   |  |  |
| Location   |   | 1 2000                         | 51 KI105) LAS1                 |  | - NAL                     |  |  |
| Unit Letter D  | _ :407  | Feet From The N                | ORTH Line and 661              | 0Fee                                     | t From The                | WEST Line                                      |  |
| Section 1 Townsh   | ip 215  | Range 27E                      | , NMPM,                        |  | EDDY                      | County   |  |
| III. DESIGNATION OF  | <u> </u>  | ER OF OIL AN                   | ND NATURAL GAS                 |  |                           |  |  |
| Name of Authorized Transporter of Oil  |   | ndensate X                     | Address (Give address to which |  |                           |  |  |
| Scurlock Permian Cor<br>Name of Authorized Transporter of Casil                  | P.O. Box 4648, Houston, TX 77210-4648   |                                |                                |  |                           |  |  |
| ·  | Address (Give address to which approved copy of this form is to be sent) BOx 5050, Bartlesville, OK 74005 |                                |                                |  |                           |  |  |
| If well produces oil or liquids,   | GPM Gas Corporation vell produces oil or liquids, Unit Sec. Twp. Rgc.                                     |                                |                                | Is gas actually connected? When?         |                           |  |  |
| give location of tanks.  | D 1   | 21S 27E                        | Yes                            |  | known                     |  |  |
| If this production is commingled with that IV. COMPLETION DAT.                   | from any other lease  | or pool, give commingli        | ng order number                |  |                           |  |  |
| Designate Type of Comple   | Oil W   | Vell Gas Well                  | New Well Workover              | Deepen                                   | Plug Back S               | Same Res'v Diff Res'v                          |  |
| Date Spudded   | Date Compl. Ready   | y to Prod.                     | Total Depth                    |  | P.B.T.D.                  | <u> </u>                                       |  |
| Elevations (DF, RKB, RT, GR, etc.)   |   |                                | •                              |  |                           |  |  |
| Elevations (DF, RKB, R1, GR, etc.)   | Name of Producing   | g Formation                    | Top Oil, Gas Pay               |  | Tubing Depth              |  |  |
| Perforations   |   |                                | Depth Casing S                 | Shoe                                     |                           |  |  |
|  |   |                                | CEMENTING RECO                 | ORD                                      |                           |  |  |
| HOLE SIZE CASING   |   | & TUBING SIZE                  | DEPTH SET                      | PTH SET                                  |                           | SACKS CEMENT                                   |  |
|  |   |                                |                                |  | KO                        | <u> </u>                                       |  |
|  | <del> </del>  |                                |                                |  | خيك                       | 1- 9- 99                                       |  |
|  |   |                                |                                |  |                           | 9.4  |  |
| V. TEST DATA AND REC   | -   |                                |                                |  |                           |  |  |
| OIL WELL (Test must be after Date First New Oil Run To Tank                      | Date of Test  | me of load oil and must be     | Producing Method (Flow, pur    | <u>e for this der</u><br>np, gas lift, e | th or be for full<br>tc.) | [ 24 hours.]                                   |  |
| Length of Test   | Tubing Pressure   | ····                           | Casing Pressure                |  | Choke Size                |  |  |
| Actual Prod. During Test   | Oil - Bbis.   |                                | Water - Bbis.                  |  |                           |  |  |
|  |   |                                |                                |  | Gas-MCF                   |  |  |
| GAS WELL   |   |                                |                                |  |                           |  |  |
| Actual Prod Test - MCF/D   | Length of Test  |                                | Bbls. Condensate/MMCF          |  | Gravity of Condensate     |  |  |
| Testing Method (pitot,back pr.)  | Tubing Pressure (Shut-in)   |                                | Casing Pressure (Shut-in)      |  | Choke Size                |  |  |
| VI. OPERATOR CERTIF  | YCATE OF C  | OMDITANCE                      | OH C                           | ONICED                                   | VATION                    | DIVISION                                       |  |
| I hereby certify that the rules and regul.  Division have been complied with and | ations of the Oil Cons  | ervation                       | OIL C                          | ONSEK                                    | VATION                    | D141210!A                                      |  |
| true and complete to the bast of my kno  | wedge and belief.   |                                | Date Approved_                 | AL                                       | N 28 19                   | 94   |  |
| W. Alum n  |   |                                |                                | Date Approved VIII W 133%                |                           |  |  |
| Signature Mid-Continent & Gulf   |   |                                | Date Approved JAN 28 1994  By  |  |                           |  |  |
| D.Steven Tipton, P.E.  | Coast Oper  | . Mgr.                         | 1                              | CIPERV                                   | 1201                      |  |  |
| Printed Name   | 303/050 3   | Title                          | Title                          |  |                           | - <u>, , , , , , , , , , , , , , , , , , ,</u> |  |
| 11/02/93<br>Date   | 303/850-1   |                                |                                |  |                           |  |  |
| L'aic  | Te  | elephone No.                   |                                |  |                           |  |  |

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

- 1) Request for allowable for newly drilled or deepend 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.