

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

JAN 19 1994

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator PRESIDIO OIL COMPANY	Well API No. 3001524829
Address 5613 DTC PARKWAY SUITE 750, P.O. Box 6525 ENGLEWOOD, CO 80155-6525	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/> Change in Transporter of: 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 EXXON CORP., P. O. BOX 1660 MIDLAND, TX 79702	

II. DESCRIPTION OF WELL AND LEASE

Lease Name BURTON FLAT B FEDERAL	Well No. 4	Pool Name, Including Formation AVALON - BONE SPRINGS, EAST	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM 46275
Location Unit Letter M : 3300 Feet From The SOUTH Line and 660 Feet From The WEST Line Section 1 Township 21S Range 27E , NMPM. EDDY County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Scurlock Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4648, Houston, TX 77210-4648
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> GPM Gas Corporation	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, give location of tanks. Unit M Sec. 1 Twp. 21S Rge. 27E	Is gas actually connected? Yes When? Unknown

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			
					posted 1-3			
					2-9-94			
					chg. op			

V. TEST DATA AND REQUEST FOR ALLOWABLE

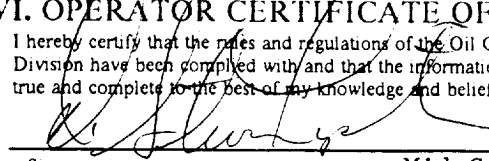
OIL WELL (Text must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas-MCF

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 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 **D. Steven Tipton, P.E.** Mid-Continent & Gulf Coast Oper. Mgr.
Printed Name **11/02/93** Title **303/850-1980**
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JAN 28 1994**
By **SUPERVISOR DISTRICT II**
Title

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.