

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator <b>Green &amp; Michaelson Producing Co.</b>	
Address <b>314 Building of the Southwest, Midland, Texas 79701</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	<b>CASINGHEAD GAS MUST NOT BE FLARED AFTER 11/5/71 UNLESS AN EXCEPTION TO R 4070 IS OBTAINED.</b>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE		Garrett-Drinkard A-4219	
Lease Name <b>Burson "A"</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>UNDESIGNATED</b>	Kind of Lease State, Federal or Fee <b>Fee</b>
Location Unit Letter <b>D</b> ; <b>990</b> Feet From The <b>North</b> Line and <b>660</b> Feet From The <b>West</b> Line of Section <b>28</b> Township <b>16S</b> Range <b>38E</b> , NMPM, <b>Lee</b> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Permian Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 3119, Midland, Texas 79701</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>None</b>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When <b>D 28 16S 38E No</b>

If this production is commingled with that from any other lease or pool, give commingling order number: **None**

IV. COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
<b>X</b>	<b>X</b>
Date Spudded <b>9-30-71</b>	Date Compl. Ready to Prod. <b>11-15-71</b>
Elevations (DF, RKB, RT, GR, etc.) <b>3720 Gr.</b>	Name of Producing Formation <b>Drinkard</b>
Perforations <b>8144-8296 26 holes</b>	Total Depth <b>8890</b>
	Top Oil/Gas Pay <b>8144</b>
	Tubing Depth <b>8045</b>
	Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
<b>15"</b>	<b>11 3/4</b>
<b>11"</b>	<b>8 5/8</b>
<b>7 7/8"</b>	<b>4 1/2</b>
DEPTH SET	SACKS CEMENT
<b>427</b>	<b>450 sx. Class H 2%cc</b>
<b>4518</b>	<b>350 Class H. 2% ca. cl</b>
<b>8424</b>	<b>1065SX. H&amp;L. light% Class H.</b>

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 Tanks <b>Nov. 5, 1971</b>	Date of Test <b>Nov. 15, 1971</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flowing</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure <b>120 #</b>	Casing Pressure <b>packer</b>	Choke Size <b>18/64</b>
Actual Prod. During Test <b>165</b>	Oil-Bbls. <b>165.6</b>	Water-Bbls. <b>0</b>	Gas-MCF <b>172</b>

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. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*L. Michaelson*  
(Signature)

Vice President (Title)

10-17-71 (Date)

OIL CONSERVATION COMMISSION	
APPROVED	<b>NOV 19 1971</b>
BY	<i>[Signature]</i>
TITLE	<b>SUPERVISOR DISTRICT I</b>

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 multiple-completed wells.

RECEIVED

SEP 18 1971

OIL CONSERVATION COMM.  
HOBBS, N. M.