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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

I. Operator
Burleson & Huff

Address
Box 935, Midland, Texas 79701

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain) **GAS MUST NOT BE
 CARRIED UNLESS AN EXCLUSION TO R-407C
 IS OBTAINED.**

If change of ownership give name
 and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Anadarko	Well No. 2	Pool Name, including Formation Querecho Plains Queen	Kind of Lease State, Federal or Fee Federal	Lease No. NM-6863
Location Unit Letter K 1650 Feet From The south Line and 1930' Feet From The west Line of Section 27 Township 18-South Range 32-East , N.M.P.M., Lea 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"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, Texas
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 K Sec. 27 Twp. 18 Rge. 32 Is gas actually connected? no When _____

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 3-11-73	Date Compl. Ready to Prod. 6-21-73	Total Depth 4070'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 3723.7 GR	Name of Producing Formation Queen Sand	Top Oil/Gas Pay 3888'	Tubing Depth 3869					
Perforations 4026, 4022, 3926, 3923, 3901, 3894, 3888, one shot each								Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12	10-3/4" csg.		645'		325 sx - circulated			
9	8-5/8" csg.		1260'		mudded in			
8	4-1/2" csg.		4065'		400 sx			
	2-3/8" tbg.		3869					

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)

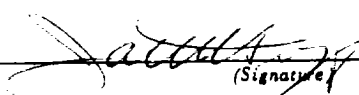
Date First New Oil Run To Tanks 6-21-73	Date of Test 6-21-73	Producing Method (Flow, pump, gas lift, etc.) flowing	
Length of Test 24 hrs.	Tubing Pressure 200#	Casing Pressure Packer	Choke Size 18/64
Actual Prod. During Test 51 bbls. oil	Oil-Bbls. 51	Water-Bbls. none	Gas-MCF 17.85

GAS WELL

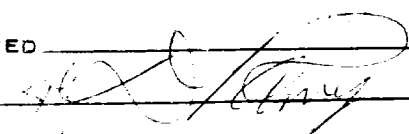
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.


 Partner
 (Title)
 6-27-73
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 BY 
 TITLE _____

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 multiply