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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
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OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

AUG 25 1992

O. C. D.
ARTESIA OFFICE

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

| | | |
|---|---|-------------------------------------|
| Operator B & W Oil Co., Inc. | | Well API No. 30-005-60350 |
| Address R252 N. Haldeman Road, Artesia, New Mexico 88210 | | |
| 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 Burk Royalty Co., P.O. Box BRC, Wichita Falls, Texas 76307

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|--|--|--|-----------------------|
| Lease Name South Lucky Lake Queen | Well No. 2 | Pool Name, including Formation South Lucky Lake Queen | Kind of Lease State, Federal or Fee | Lease No. L-1894-1 |
| Location Unit Tr. 3 Unit Letter E Section 22 Township 15S Range 29E, NMPM, Chaves County | Pool Feet From The north Line and 660 Feet From The west Line | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | |
|---|--|------------|-------------|-------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Co. | Address (Give address to which approved copy of this form is to be sent) Drawer 159, Artesia, N.M. 88210 | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GPM Gas Corporation | Address (Give address to which approved copy of this form is to be sent) 1300 Post Oak Blvd, Ste 800, Houston, TX | | | |
| If well produces oil or liquids, give location of tanks. | Unit A | Sec. 22 | Twp. 15S | Rge. 29E |
| Is gas actually connected? | When ? | | 77056 | |
| yes | | | | |

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 | | |
| | | | | | | | | |
| | | | | | | | | |

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 Tank | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size <u>posted ID-3</u> <u>8-28-92</u> | |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF <u>chg of</u> | |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, 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.

Billy J. Smith
Signature
Billy J. Smith - President
Printed Name Title
Aug 17-1992 (505) 746-4358
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 25 1992

By ORIGINAL SIGNED BY

MIKE WILLIAMS

Title SUPERVISOR, DISTRICT I

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.