ubmit 5 Copies ppropriate District Office ISTRICT I			State of	f New Mexi	co				Form C-104 Revised 1-1-80 See Instructions at Bottom of Page	
.O. Box 1980, Hobbs, NM 88240	I	Energy, Mi	nerals and N	latural Resour	ces Departn	nent	o			
ISTRICT II O. Drawer DD, Artesie, NM 88210 ISTRICT III					DIVISIO	N		ELEIVED		
000 Rio Brazos Rd., Aztec, NM 87410		exico 87504-2088			JUN % 1 1993					
				ABLE AND		S		C. L. D.	اه بط ، ۳۰	
GENERAL ATLANTIC RES	C RESOURCES, INC				Well API No. 30-015-21					
Address 410 SEVENTEENTH STR			0 – DF	NVFR. C	OLORA	DO 80	•			
Resson(a) for Filing (Check proper box) New Well Recompletion Change in Operator	Oil Casinghead Gas		ge in Transporter Dry Gas Condensate			Other (Pleas	e explain)			
change of operator give name nd address of previous operator BHP PETE	ROLEUM (A	MERIC	AS), INC.	, 5847 SA	N FELIPE	E, SUITE	E 3600, H	OUSTON	, TX 77057	
DESCRIPTION OF WELL A				*						
Lesse Name	Well No.	l	, including Form			Kind of Lee			e No.	
Burton Flat Deep Unit	13 Bu		urton Flat	ton Flat Morrow		State		L-t	322	
Unit Letter O :	660	Feet Fro		ith Line and	1980	<u>,</u>	at From The	East	Line	
Section 28 Township	20\$	Range	28E	,N MPM,		Eddy			County	
I. DESIGNATION OF TRANSF Name of Authorized Transporter of Oll The Permian Corp.	ORTER OF or Conder		ND NATU	Address (Give P.O.Box	183, Hou	ston, Te	xas 7700			
Name of Authorized Transporter of Casinghead Gas or Dry Gas Phillips 66 Natural Gas Co.				Address (Give address to which approved copy of this form is to be sent) 820 M Plaza Office Bldg., Bartlesville, Ok. 74004						
If well produces oil or liquids, Unit	Sec.	Twp.	Rge.	is gas actually			When? 1/2/9			
give location of tanks. O	28 ar lease or pool, give	20S ecommingling	28E order number:	Yes		<u></u>	1/2/3	,0		
COMPLETION DATA Designate Type of Completion - (X)	Oil Wei		as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Re	ady to Prod.		Total Depth		· · · · · ·	P.8.T.D.	- <u>, , , , , , , , , , , , , , , , , , ,</u>		
levations (DF,RKB,RT,GR,etc.) Name of Producing Formation				Top Oil/Gas Pa	y		Tubing Depth			
Perforations		<u> </u>		L	·		Depth Casin	g Shoe		
	TUBIN	NG, CAS	ING AND	CEMENTIN	G RECOF	D				
HOLE SIZE	CASING & TUBING SIZE				PTH SET		- P	SACKS, CEMENT		
							6-25-93			
								my m		
7. TEST DATE AND REQUES OIL WELL (Test must be after recov Date First New Oil Run to Tank	TFORALL ery of total volume Date of Test	owabl	E nd must be equ	aal to or exceed t Producing Met	op allowable fo hod (Flow, pu	r this depth o imp, gas lift,	etc.)		NEM	
Length of Test	Tubing Pressure			Casing Pressu			JUN1 6 1993			
Actual Prod. During Test	Oil — Bbls.	Oil - Bbls.			Water – Bbis.			OIL CON. D		
GAS WELL Actual Prod. Test - MCF/D	Length of Test			Bbis. Condensate/MMCF			DIST. 3 Gravity of Condensate			
Testing Method (outitm bacj or,)	Tubing Pressu	Tubing Pressure (Shut-in)			Casing Pressure (Shut-In)			Choke Size		
				<u> </u>	OIL C	ONSEF			DN N	
VI. OPERATOR CERTIFICATE I hereby certify that the rules and regulations of t Division have been compiled with and that the in is true and complete to the best of my knowledg	he Oil Conservation formation given abo	1		Date	Approved	LI LI	UN 23			
Signature Jim Wolfe Vice P Printed Name	Jim Wolfe Vice President/Operations				By ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II Title					
5/01/93		(303) 573- Telephone No								

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule III.
All sections of this form must be filled out for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filled for each pool in multiply completed wells.