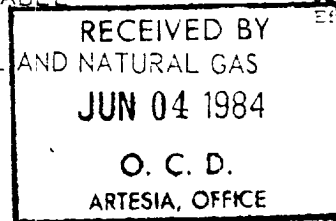


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LAND OFFICE	<input checked="" type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	<input checked="" type="checkbox"/>

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-1
Effective 1-1-85



I. **MONSANTO OIL COMPANY** ✓
Address: **1300 One First City Center, Midland, Texas 79701**
Reason for filing (Check proper box):
New Well ☒ Change in Transporter of:
Transportation ☐ Oil ☐ Dry Gas ☐
Transportation ☐ Casinghead Gas ☐ Condensate ☐
If change of ownership give name and address of previous owner: _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
BURTON FLAT DEEP UNIT	27	Undesignated East Avalon-Bone	State, Federal or Fee State
Location: Springs			
Unit Letter	G	1612 Feet From The North Line and 1980 Feet From The East	
Line of Section	2	Township 21S Range 27E, NMPM, Eddy	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"/>	Address (Give address to which approved copy of this form is to be sent)	
The Permian Corp	PO Box 1183 Houston, Texas 77001	
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)	
Phillips Petroleum Corp.	4001 Penbrook, Odessa, Texas 79762	
Is well produces oil or liquids, give location of tanks.	Unit	Sec.
	G	2
	21S	27E
Is gas actually connected?	When	
yes	5/30/84	

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.
X	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.					
4/20/84	5/25/84	6250	6191					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Undesignated East Avalon	Bone Springs	5395	5327					
Performance			Depth Casing Shoe					
5395 - 5420			6250					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2	13 3/8	600	500					
12 1/4	8 5/8	2573	1400					
7 7/8	5 1/2	6250	975					
	2 7/8	5327						

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
5/30/84	5/29/84	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	250	--	24/64
Actual Flow During Test	Oil-Ebbls.	Water-Ebbls.	Gas-MCF
60 BO 140	60 120	10 10	200 1100

GAS WELL

Actual or Test-MCF/24	Length of Test	Ebbls. Condensate/MMCF	Gravity of Condensate
Test-MCF/24 (prod. test only)	Tubing Pressure	Casing Pressure	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.

[Signature]
(Signature)

Regional Production Manager

(Title)

May 31, 1984

(Date)

OIL CONSERVATION COMMISSION

JUN 12 1984

APPROVED _____ 19____
BY *Mike Williams*
TITLE SUPERVISOR, DISTRICT II

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 Sections I, II, III, and VI only 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