NO. OF CUMPES MEC	EIVED		
DISTRIBUTION		1	
SANTA FE	-		
FILE			
U.S.G.S.		1	1
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR	***************************************	1	
PROBATION OFFICE		1	

IEW MEXICO OIL CONSERVATION COMMISSI REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110

FILE		AND	Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TE	RANSPORT OIL AND NAT	URAL GAS	
LAND OFFICE				
TRANSPORTER GAS				
OPERATOR				
PRORATION OFFICE				
Green & Michaelson	Producino Compony			
Address	rioddcing Company			
c/o Oil Reports & G	as Services, Inc., Box 76	3, Hobbs, New Mexic	o 88 240	
Reason(s) for filing (Check proper		Other (Please expl		
New We!l	Change in Transporter of:	_		
Recompletion Change in Ownership	Oil Dry C	ensate		
If change of ownership give name and address of previous owner				
D. T. C.				
DESCRIPTION OF WELL AN Lease Name	Well No. Pool Name, Including	Formation Kind	of Lease No.	
Burson	1 Garrett	Drinkard State	e, Federal or Fee Fee	
Location			<u> </u>	
Unit Letter <u>C</u> ;	467 Feet From The North	ine and 1900 Fe	et From The West	
Line of Section 28	Township 16 S Range	38 E , NMPM,	Lea	
		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	LEA County	
DESIGNATION OF TRANSPO Name of Authorized Transporter of	RTER OF OIL AND NATURAL G			
Amoco Pipeline Comp			ch approved copy of this form is to be sent) Nat'l Bk Bldg., Ft Worth, Te:	
Name of Authorized Transporter of	Casinghead Gas 🗶 or Dry Gas 🚃	Address (Give address to whi	ch approved copy of this form is to be sent)	
Phillips Petroleum	Company	Bartlesville, Okl		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Yes	When 3/26/73	
COMPLETION DATA	with that from any other lease or pool	, give commingling order numl	ber:	
Designate Type of Comple	tion - (X)	New Well Workover De	epen Plug Back Same Res'v. Diff. Res'v	
Date Spudded		T. 15	1 1	
Date Spaaged	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Gil/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
	TUBING CASING AN	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total volume of	load oil and must be equal to or exceed top allou	
OIL WELL	able for this d	epth or be for full 24 hours)		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump	o, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
20.4 0 02.		Canny (1000m)	Choze Size	
Actual Prod. During Test	Oil-Bbis.	Water - Bbis.	Gas - MCF	
6 4 6 10 00 0				
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	
		<u> </u>		
ERTIFICATE OF COMPLIA	NCE	OIL CONS	ERVATION COMMISSION	
		APPROVED	, 19	
ommission have been complied	regulations of the Oil Conservation with and that the information given		•	
bove is true and complete to the	ne best of my knowledge and belief.	{}		
		TITLE	<u> </u>	
LL	11 10	This form is to be fil	ed in compliance with RULE 1104.	
Wenna	Loller	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviation that taken on the well in accordance with RULE 111.		
	nature)			
	zent iile)	All sections of this fo	orm must be filled out completely for allow-	
	LO/73	able on new and recomple	ted wells.	
(Date)		well name or number, or tre	is I, II, III, and VI for changes of owner, anaporter, or other such change of condition.	

well name or number, or transporter, or other such change of Separate Forms C-104 must be filed for each pool in multiply completed wells.