

DATE October 15 19 76

## ADVICE ON WELLS TIED INTO GAS GATHERING SYSTEMS

Name of Producer Burleson & Huff (0991)

Well Name and Number Arco #2-Y

Location 177 0'N, 660'E, Sec. 21, T-25-S, R-37-E, Lea Co., NM

Pool Name Jalmat

Producing Formation Yates

Top of Gas Pay 3009'

Oil or Gas Well Gas

Gas Unit Allocation 160 Acres

Date Tied Into Gathering Systems April 20, 1976

Date of First Delivery October 13, 1976

Gas Gathering System Lea County Low Pressure Gathering System

Processed through Gasoline Plant (yes or no) Yes

Station Number 61-690-01

Remarks: Well was not produced when tied in due to awaiting O.C.C. approval

By James R. G. H. A., Dispatching

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-111  
Effective 1-1-65

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

I. Operator  
**Burleson & Huff**

Address  
**Box 935, Midland, Texas 79701**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Arco</b>	Well No. <b>2-Y</b>	Pool Name, including Formation <b>Jalmat</b>	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <b>H</b> ; <b>660</b> Feet From The <b>East</b> Line and <b>1770</b> Feet From The <b>North</b> Line of Section <b>21</b> Township <b>25-South</b> Range <b>37-East</b> , NMPM, <b>Lea</b> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>El Paso Natural Gas Co.</b>	<b>Box 1492, El Paso, Texas</b>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					X
Date Spudded <b>11-20-75</b>	Date Compl. Ready to Prod. <b>1-15-76</b>	Total Depth <b>3500</b>	P.B.T.D. <b>3480</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3075.6</b>	Name of Producing Formation <b>Yates</b>	Top Oil/Gas Pay <b>3009</b>	Tubing Depth <b>3295</b>					
Perforations <b>3009, 11, 15, 19, 33, 35, 38, 41, 44, 46 &amp; 48</b>			Depth Casing Shoe <b>3500</b>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>11</b>	<b>8-5/8</b>		<b>807</b>		<b>375 sx circulated</b>			
<b>7-7/8</b>	<b>4-1/2</b>		<b>3500</b>		<b>250 sx - top of salt</b>			
	<b>2</b>		<b>3295</b>					

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)

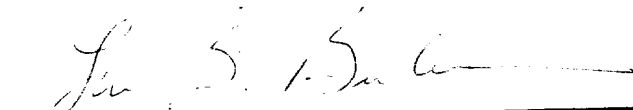
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D <b>CAOF 35.5</b>	Length of Test <b>3-1/2 hrs.</b>	Bbls. Condensate/MMCF <b>0</b>	Gravity of Condensate <b>0</b>
Testing Method (pitot, back pr.) <b>Back Pressure</b>	Tubing Pressure (shut-in) <b>Queen - Dual</b>	Casing Pressure (shut-in) <b>118</b>	Choke Size <b>various</b>

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)

Co-Owner

(Title)

January 19, 1976

(Date)

OIL CONSERVATION COMMISSION

APPROVED

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.