1		<del></del>	<del></del>									
	NO. OF COPIES RECEIVED											
	DISTRIBUTION			NEW MEXICO OIL CONSERVATION COMMISSION Form C-104								
	SANTA FE /			REQUEST FOR ALLOWABLE					Supersedes Old C-104 and C-110			
	FILE		_	AND						Effective 1-1-65		
	U.S.G.S.		AUTHORIZATION TO TRANSPORT ()IL AND NATURAL GAS									
	LAND OFFICE											
	01	L /		RECEIVED								
	TRANSPORTER GA	AS /									- I V E	D
	OPERATOR	7	+ -									
	PRORATION OFFICE	_ + _	<del>                                     </del>		ž.					JUL	1.500	
1.	Operator										<del></del>	
	Burnham Oil Company						$\mathcal{Q}_{i}$ $\mathcal{Q}_{i}$					
	Address							ARTESIA, DET				
	Box 162, A	Lrtes	ia, Ho	s Hexi	60						· · · · · · · · · · · · · · · · · · ·	
	Reason(s) for filing (Che	ck prope	r box)					Cther (Please	explain)			
	New Well			Change i	n Transporte	r of:		11	aJ'	· £	1	
	Recompletion			Oil	X	Dry G	as 🗆	Oil from	- Conti	nenka	V	
	Change in Ownership				ead Gas 🛣	•	ensate	les 11	Skell	2,		
II.	DESCRIPTION OF Working Name State & 3 6 3		ND LEA		Pool Name	Including			Kind of Lease State, Federal	or Fee		Lease No.
				4	Same	Terre	Service &	<u> </u>	Sidie, I edeldi		State	B-3635
	Location							_				
	Unit Letter	;_	1950	_Feet Fr	om The <b>SOU</b>	i <b>th</b> L	ine and1	980	_ Feet From T	he	et	
	Line of Section 2		Township	179	3	Range	30 R	, NMPM,			Mdy	County
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
	Name of Authorized Transporter of Cil or Condensate Address (Give address to which approved copy of this form is to be sent)								o be sent)			
	Have 10 Refining Company Pipe Line Division   Borth Process Avenue Artesia   Name of Authorized Transporter of Casinghead Gas   or Dry Gas   Address (Give address to which approved copy of this form is to be							exico				
	Name of Authorized Tran	sporter	of Casingh	ead Gas	or Dry	Gas 🗀	Address (G	ive address t	o which approv	ed copy of	this form is t	o be sent)
	Continental Oi	l Com	pany				P.O. Be	x 2197,	Houston,	Toxas	77001	
	If well produces oil or li	anids.	Uni	Se:	c. Twp.	P.ge.	Is gas actu	ially connecte	d? Whe	n		
	give location of tanks.	,,	J	! 2	178	\$ 30	E Yes	)	7	<b>L-62</b>		
	If this production is co COMPLETION DATA			at from a	ny other lea	se or pool	, give commi	ingling order				
	Designate Type of		letion –		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res	s'v. Diff. Res'v.
	Date Spudded	_	Dat	e Compl.	Ready to Pro	od.	Total Dept	ih		P.B.T.D.		<u> </u>

e Res'v. Diff. Res'v. Tubing Depth Elevations (DF, RKB, RT, GR, etc., Top Oil/Gas Pay Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

(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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Length of Test Tubing Pressure Casing Pressure Choke Size Oil-Bbls. Water - Bbls. Gas-MCF Actual Prod. During Test

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				
	1						

## 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.

Kuby	Parker	
	(Signature)	
agva v	(Title)	
7_0_60		
1-7-07	(Date)	

COMMISSION

OIL CONSERVATION APPROVED CNI

OIL AND GAS INSPECTOR 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.

Separate Forms C-104 must be filed for each pool in multiply