

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
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Page 1

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SANTA FE	<input checked="" type="checkbox"/>
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LAND OFFICE	<input type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input type="checkbox"/>

RECEIVED BY CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501  
JAN 15 1985  
O. C. D. REQUEST FOR ALLOWABLE  
ARTESIA, OFFICE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator: Arlen Dickson ✓  
Address: P.O. Box 50160, Midland, Texas 79710  
Reason(s) for filing (Check proper box)  
☒ New Well  
☐ Recompletion  
☐ Change in Ownership  
Change in Transporter of:  
☐ Oil  
☐ Casinghead Gas  
☐ Dry Gas  
☐ Condensate  
Other (Please explain): CASINGHEAD GAS MUST NOT BE FLARED AFTER 3-30-85 UNLESS AN EXCEPTION TO RULE 306 IS OBTAINED ✓  
If change of ownership give name and address of previous owner:

II. DESCRIPTION OF WELL AND LEASE  
Lease Name: Burmah State  
Well No.: 1  
Pool Name, including Formation: Artesia- Queen GR-SA  
Kind of Lease: State, Federal or Fee State  
Lease No.: E-7179  
Location: Unit Letter J : 2260 Feet From The South Line and 1650 Feet From The East  
Line of Section 18 Township 18S Range 28E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Navajo Refining Company  
Address (Give address to which approved copy of this form is to be sent): P.O. Drawer 159, Artesia, NM 88210  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐  
N/A  
Address (Give address to which approved copy of this form is to be sent): N/A  
If well produces oil or liquids, give location of tanks: Unit J, Sec. 18, Twp. 18S, Rge. 28E  
Is gas actually connected? No  
When: Post ID-2 1-25-85 by JRP + BR

If this production is commingled with that from any other lease or pool, give commingling order number:  
NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE  
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.  
Marlys Reynolds  
(Signature)  
Consultant  
(Title)  
1/14/85  
(Date)  
OIL CONSERVATION DIVISION  
APPROVED JAN 30 1985  
BY: Original Signed By Leslie A. Clements  
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 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 completed wells.

#### 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					
Date Spudded 11/1/84	Date Compl. Ready to Prod. 1/10/85	Total Depth 2492'				P.B.T.D. 2452'			
Elevations (DF, RKB, RT, CR, etc.) 3600 GL	Name of Producing Formation Grayburg- San Andres	Top Oil/Gas Pay 1994'				Tubing Depth 2400'			
Perforations 1994, 1995, 2051, 2097, 1098, 2119, 2159, 2160, 2211, 2212, 2239, 2252, 2253, 2260, 2261, 2399, 2400'.						Depth Casing Shoe			

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" 24#	360'	300 sxs
7 7/8"	5 1/2" 20#	2492'	550 sxs
	2 3/8"	2400	

#### V. 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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 1/10/85	Date of Test 1/11/85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24hours	Tubing Pressure	Casing Pressure	Choke Size Pump
Actual Prod. During Test	Oil - Bbls. 4	Water - Bbls. 26	Gas - MCF

#### GAS WELL

Actual Prod. Test-MCF/D N/A	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (plot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size