

REQUEST FOR (OIL) - (GAS) ALLOWABLE 27 1961 New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Midland, Texas 12-23-61
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Burleson & Huff Angell-State, Well No. 3, in NW 1/4 SE 1/4,
(Company or Operator) (Lease)
J, Sec. 21, T. 19-S, R. 28-E, NMPM, E-Millerman 7 Acres Pool
Unit Letter

Eddy

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

County. Date Spudded 12-4-61 Date Drilling Completed 12-15-61
Elevation 3,456 Total Depth 1,177 PBTD 1,175
Top Oil/Gas Pay 1,006 Name of Prod. Form. Seven Rivers

PRODUCING INTERVAL -

Perforations 1006-18; 1022-30; 1033-54; 1058-64; 1071-81

Open Hole Depth Casing Shoe 1,177 Depth Tubing 986

OIL WELL TEST -

Natural Prod. Test: None bbls. oil, bbls water in hrs, min. Size Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 42 bbls. oil, 1 bbls water in 24 hrs, -- min. Size 32/64 Choke

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment: MCF/Day; Hours flowed

Choke Size Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 5,000 gallons acid

Casing Tubing Date first new Press. 225 Press. 50 oil run to tanks 12-19-61

Oil Transporter The Permian Corporation

Gas Transporter None

Tubing, Casing and Cementing Record

Size	Feet	Sax
4 1/2"	1,177	150
2" EUE	986	

Remarks:

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved. DEC 20 1961, 19

OIL CONSERVATION COMMISSION

By: M. L. Armstrong

Title OIL AND GAS INSPECTOR

Burleson and Huff

(Company or Operator)

By: Hugh Meyer

(Signature)

Title Agent

Send Communications regarding well to:

Name Burleson and Huff

Address Box 524, Midland, Texas

OIL CONSERVATION COMMISSION	
ARTESIA DISTRICT OFFICE	
No. County Record	4
DATE	
SIGNED BY	
PRODUCTION	
STATE LAND	
U. S. G. S.	
TRANSFER	
FILE	
BOOK	

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FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
PRODUCTION OFFICE	
OPERATOR	2

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO
CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

FORM C-110
 (Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator Burleson & Huff				Lease Angell-State		Well No. 3	
Unit Letter J	Section 21	Township 19-S	Range 28-E		County Eddy		
Pool Unit 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100					Kind of Lease (State, Fed, Fee) State		
If well produces oil or condensate give location of tanks			Unit Letter I	Section 21	Township 19-S	Range 28-E	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> The Permian Corporation				Address (give address to which approved copy of this form is to be sent) Box 3119 Midland, Texas			
Is Gas Actually Connected? Yes _____ No <input checked="" type="checkbox"/>							
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>			Date Connected	Address (give address to which approved copy of this form is to be sent)			

If gas is not being sold, give reasons and also explain its present disposition:

New well. Operator will contact gas transporter in area.

REASON(S) FOR FILING (please check proper box)

New Well ☒
 Change in Transporter (check one)
 Oil ☐ Dry Gas ☐
 Casing head gas ☐ Condensate ☐

Change in Ownership ☐
 Other (explain below)

RECEIVED

DEC 27 1961

O. O. C.
ARTESIA, OFFICE

Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the **26th** day of **December**, 19 **61**.

OIL CONSERVATION COMMISSION		By Hugh Meyer
Approved by <i>M. L. Armstrong</i>		Title Agent
Title OIL AND GAS INSPECTOR		Company Burleson & Huff
Date DEC 28 1961		Address Box 524, Midland, Texas