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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-88
See Instructions
at Bottom of Page

RECEIVED

JUN 21 1993

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | | |
|---|---|-------------------------------------|
| Operator GENERAL ATLANTIC RESOURCES, INC | | Well API No. |
| Address 410 SEVENTEENTH STREET, SUITE 1400 - DENVER, COLORADO 80202 | | |
| Reason(s) for Filing (Check proper box) | | |
| New Well <input type="checkbox"/> | Change in Transporter of: <input type="checkbox"/> Other (Please explain) | |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> | Dry Gas <input type="checkbox"/> |
| Change in Operator <input checked="" type="checkbox"/> | Casinghead Gas <input type="checkbox"/> | Condensate <input type="checkbox"/> |

If change of operator give name
and address of previous operator **BHP PETROLEUM (AMERICAS), INC., 5847 SAN FELIPE, SUITE 3600, HOUSTON, TX 77057**

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|-------------------------|---|---------------------------------|-------------------------------|
| Lease Name Burton Flat Deep Unit | Well No. 1 | Pool Name, Including Formation Burton Flat Morrow | Kind of Lease Federal | Lease No. NM0560290 |
| Location | | | | |
| Unit Letter O | 3300 | Feet From The South | Line and 1980 | Feet From The East |
| Section 3 | Township 21 S | Range 27E | County Eddy County | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | |
|--|---|--|--------------------|--------------------|--|
| Name of Authorized Transporter of Oil The Permian Corp. | or Condensate <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) P.O.Box 1183, Houston, Texas 77001 | | | |
| Name of Authorized Transporter of Casinghead Gas Phillips 66 Natural Gas Co. | or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) 820 M Plaza Office Bldg., Bartlesville, Ok. 74004 | | | |
| If well produces oil or liquids, give location of tanks. | Unit O | Sec. 3 | Twp. 21S | Rge. 27E | Is gas actually connected? SHUT-IN |

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 |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | P.B.T.D. | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | Tubing Depth | | | |
| Perforations | | | | | Depth Casing Shoe | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| | | | | | Test ID-3 | | | |
| | | | | | 6-25-93 | | | |
| | | | | | dry op | | | |

V. TEST DATE 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 after 24 hours)

| | | | |
|--------------------------------|-----------------|---|------------|
| Date First New Oil Run to Tank | 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 | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (outflow, back or,) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature

Jim Wolfe

Vice President/Operations

Printed Name

Title

5/01/93

Date

(303) 573-5100

Telephone No.

OIL CONSERVATION DIVISION

Date Approved

JUN 21 1993

By

ORIGINAL SIGNED BY

MIKE WILLIAMS

Title

SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule III.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.