Submit 5 Copies Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT 11</u> P.O. Drawer DD, Astesia, NM 88210 <u>DISTRICT 111</u> 1000 Rio Brazos Rd., Aztec, NM 87410	State of Ne Ene Minerals and Natu OIL CONSERVA P.O. Bo Santa Fe, New Me REQUEST FOR ALLOWAB	ral Resources Departmen TION DIVISION x 2088 xico 87504-2088	Form C-104 Revised 1-1-89 Sre Instructions at Bostom of Page
1	TO TRANSPORT OIL		
Uperator UMC Petroleúm Corp	poration		Well API No. 30-015-20799
Address (10, 17th Street S	Suite 1400 , Denver, CO		50-015-20799
Reason(s) for Filing (Check proper box)	Juice 1400, Deliver, Co	Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion Change in Operator	Oil Dry Gas Casinghead Gas Condensate		11-15-94
If change of operator give name and address of previous operator Gener	al Atlantic Resources, I		
II. DESCRIPTION OF WELL			LE 1400, Denver, CO. 80202
Lesse Name 16895 Deep Burton Flat Uni	Well No. Pool Name, Includin	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Kind of Lease No.
	t 3 Morrow	Burton Flat morrow	State: Federal of KA
Unit Letter	: Feet From The	outh Line and 1980	Feet From TheLine
Sections <sup>3</sup> Township	010	7	Fddy
100100	Kange 27	, INNEM,	Eddy County
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTER OF OIL AND NATU		pproved copy of this form is to be sent)
Scurlock-Permian	× 991910	P.O. Box 4648, Hou	ston, TX 77210-4648
Name of Authorized Transporter of Casing GPM 991930	phead Gas in or Dry Gas in X	Address (Give address to which ap P.O. Box 5050, Bar	proved copy of this form is to be sent) tlesville, OK 74005-5050
If well produces oil or liquida, give location of tanks.		is gas actually connected?	When ?
C	from any other lease or pool, give commingi	Yes	
IV. COMPLETION DATA		ang order mainber.	······································
Designate Type of Completion	- (X) Oil Well Gas Well	New Well Workover Do	epen Plug Back Same Res'v Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	- RECEIVED
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	
Perforations			Tubing Proth MAR 2 4 1995
			Depth Casing Shoe
	TUBING, CASING AND	CEMENTING RECORD	OIL CON: DIV,
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	Past ID 3
		· · · · · · · · · · · · · · · · · · ·	3-31-95
			CHGQP
V. TEST DATA AND REQUE	•	I	
OIL WELL (Test must be after t Date First New Oil Rus To Tank	recovery of total volume of load oil and must Date of Test	be equal to or exceed top allowable Producing Method (Flow, pump, g	
Leagth of Test	Tubing Decom		Choke Size
	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
GAS WELL	<u> </u>	I	
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	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.		OIL CONSERVATION DIVISION Date Approved MAR 2 9 1995	
5/im her levele	· · · · · · · · · · · · · · · · · · ·	By	
Jim Lee Wolfe / Vice President Operations Primed Name Take		CURENVICAP DISTRICT II	
3/17/95 (303) 573-5100		Title <u>SUPERVISE</u>	UN, DISTINGT #
Dute	Telephone No.		

- INSTRUCTIONS: This form is to be filed in compliance with Rule 1104 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
  All sections of this form must be filled out for allowable on new and recompleted wells.
  Fill out only Sections 1. If the and MI for charges of a section of the section of th

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