ſ	NO. OF COPIES NECEIVED	-			
	DISTRIBUTION		ONSERVATION COMMINION	Form C-104	
	SANTA FE	REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-110	
	FILE AND			Effective 1-1-65	
	LAND OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS	
	OIL	RECEIVED			
	IRANSPORTER GAS				
	OPERATOR	JUL 2	5 1973		
I. PRORATION OFFICE Operator					
MONSANTO COMPANY D. C. C.					
	Address	-			
	101 North Marienfeld, Midland, Texas 79701				
	eason(s) for filing (Check proper box) wwwell X Change in Transporter of:				
	Recompletion	Oil Dry Ga	s		
	Change in Ownership	Casinghead Gas Conden	isate		
	If change of ownership give name and address of previous owner				
	-				
II.	DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.	
	Burton Flat Unit	4 Burton Flat	- Strawn State, Federal	c:Fee Federal NM 042885	
	Location	<u>^</u>	1000		
	Unit LetterN_;66	0Feet From TheSouthLin	e and Feet From T	heWest	
	Line of Section 34 Toy	wnship 20S Range	28E , NMPM,	Eddy County	
		within P Traige	, 110/F10,	Eddy County	
II.		TER OF OIL AND NATURAL GA			
	Name of Authorized Transporter of Oil		Address (Give address to which approv		
	THE PERMIAN CORPORATION Name of Authorized Transporter of Casinghead Gas or Dry Gas Southern Union Gas Co.		Box 3119 Midland, Texas 79701 Address (Give address to which approved copy of this form is to be sent)		
	Southern Union Gas Co. Transwestern Pipeline	Co Attn: Nat Aiklon	Fidelity Union Tower.	Dallas, Texas 75201	
	If well produces oil or liquids,	Unit Sec. Twp. Ege.	P.O. Box 2521, Houston Is gas actually connected?	, Texas //001	
	give location of tanks.	N 34 20S 28E	No yes	August, 1973/0-//-23	
		th that from any other lease or pool,	give commingling order number:		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workove: Deepen	Plug Back   Same Res'v. Diff. Res'v.	
	Designate Type of Completion	$\operatorname{on} - (X)$ X	X		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	5/18/73	7/23/73	11,500	11,452	
	Elevations (DF, RKB, RT, GR, etc.) RKB 3210	Name of Producing Formation Strawn	Top Oil/Gas Pay	Tubing Depth	
	Perforations		10,216	10,045 Depth Casing Shoe	
	10,216 - 10,244			11,499	
			CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE		SACKS CEMENT	
	1/2	9 5/8"	<u> </u>	750 Sx. 1250 Sx.	
	8 3/4"	7"	11,500	450 Sx	
		2 3/8" Tubing	10,045		
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a, able for this de	fter recovery of total volume of load oil a up to be for full 24 hours)	ind must be equal to or exceed top allow-	
	OIL WELL able for this dep Date First New Oil Run To Tanks Date of Test		Producing Method (Flow, pump, gas life	t, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
	Actual Field, During Test				
	l	<u></u>		۸ــــــــــــــــــــــــــــــــــــ	
	GAS WELL	· · · · · · · · · · · · · · · · · · ·	12.7	<u> </u>	
	Actual Prod. Test-MCF/D 3300	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate 61.4	
	Testing Method (pitot, back pr.)	4 Hrs. 20 Mins. Tubing Pressure (Shut-in)	43 Casing Pressure (Shut-in)	Ol.4 Choke Size	
	Back Pressure	3817	0	10/64 - 24/64	
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION	
	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.		APPROVED OCT 3 1 197:		
			BY_ N. C. Anebsell		
			TITLE JAL AND GAS (SPECTOR		
	Multipoll E. M. Scholl		This form is to be filed in compliance with RULE 1104.		
			If this is a request for allow	able for a newly drilled or despend	
	(Sign	ature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
	District Engineer (Title)		All sections of this form must be filled out completely for allow-		
	July 24, 10		able on new and recompleted we Fill out only Sections I II	Fill out only Sections I. H. HI, and VI for changes of owner,	
	(Date)		well name or number, or transport-	er, or other such change of condition.	
			Separate Forms C-104 must	be filed for each pool in multiply	

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