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SANTA FE
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER OIL /
GAS /
OPERATOR /
PRORATION OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

SEP - 2 1976

O. C. C.

ARTESIA, OFFICE

Operator
Monsanto Company
Address
1330 Midland National Bank Tower, Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Change Southern Union Gas Company's name to Gas Company of New Mexico

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name
BURTON FLAT DEEP UNIT
Well No.
4
Pool Name, including Formation
Burton Flat - Strawn
Kind of Lease
State, Federal or Fee Federal NM
Lease No.
0428854
Location
Unit Letter N ; 660 Feet From The South Line and 1980 Feet From The West
Line of Section 34 Township 20S Range 28E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒
The Permian Corp.
Address (Give address to which approved copy of this form is to be sent)
PO Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
Gas Company of New Mexico
Transwestern Pipeline Co.
Address (Give address to which approved copy of this form is to be sent)
First International Bldg., Dallas, Texas 75270
PO Box 2521, Houston, Texas 77001
If well produces oil or liquids, give location of tanks.
Unit N Sec. 34 Twp. 20S Rge. 28E
Is gas actually connected? Yes
When Llano 3/19/75
TW 10/17/73; GCNM 12/6/73
Llano, Inc.
PO Drawer 1320, Hobbs, New Mexico 88240
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

V. TEST DATA 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 for full 24 hours)
Date First New Oil Run To Tanks 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 (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

VI. CERTIFICATE OF COMPLIANCE

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.

D. S. Tipton
Regional Production Engineer
9/1/76
(Signature)
(Title)
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 10 1976
BY W. A. Gressett
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.