

OIL CONSERVATION DIVISION

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

RECEIVED

JUL 22 1991

O. C. D.  
ARTESIA, OFFICE

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator BHP PETROLEUM (AMERICAS) INC. Well API No. \_\_\_\_\_

Address 5847 SAN FELIPE, SUITE 3600, HOUSTON, TEXAS 77057

Reason(s) for Filing (Check proper box) ☐ Other (Please explain) \_\_\_\_\_  
New Well ☐ Change in Transporter of: ☐ INTRACOMPANY NAME CHANGE ONLY  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Operator ☒ Casinghead Gas ☐ Condensate ☐

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>BURTON FLAT DEEP UNIT</u>	Well No. <u>4</u>	Pool Name, Including Formation <u>BURTON FLAT STRAWN</u>	Kind of Lease <u>State, Federal</u>	Lease No. <u>NM0428854</u>
Location Unit Letter <u>N</u> : <u>660</u> Feet From The <u>S</u> Line and <u>1980</u> Feet From The <u>W</u> Line Section <u>34</u> Township <u>20S</u> Range <u>28E</u> , <u>NMPM</u> , <u>EDDY</u> County _____				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>THE PERMIAN CORPORATION</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. BOX 1183 HOUSTON, TX 77001</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>PHILLIPS 66 NATURAL GAS COMPANY</u>	Address (Give address to which approved copy of this form is to be sent) <u>820 M PLAZA OFFICE BLDG. BARTLESVILLE, OK 74004</u>
If well produces oil or liquids, give location of tanks. Unit <u>N</u> Sec. <u>34</u> Twp. <u>20S</u> Rge. <u>28E</u>	Is gas actually connected? <u>YES</u> When ? _____

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size <u>ported ID-3</u> <u>7-26-91</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF <u>6.890 P</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puor, 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.

Scott Sanders  
Signature  
Printed Name SCOTT SANDERS Title DRILLING/OPERATIONS ENG.  
Date JULY 12, 1991 Telephone No. 713-780-5375

OIL CONSERVATION DIVISION

Date Approved JUL 23 1991  
By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT IV

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 111.
- 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.