Appropriate District Communication DISTRICT (P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

RELEIVIL.

DISTRICT II P.O. Drawer DD, Artesia, NM 86210

**OIL CONSERVATION DIVISION** 

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

JUN 2 1 1993

والموادية المحادث

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

GENERAL ATLANTIC RESOURCES, INC						30-015-20835				
Address	NVER, COLORADO 80202									
Resear(s) for Filing (Check proper box) New Well	LLI, OOI				OLUN	Other (Plea				
Recompletion	Oil	Chan	ge in Transport Dry Gas	er of:						
Change in Operator	Casinghead Gas		Condensate						i	
If change of operator give name and address of previous operator BHP PET	ROLEUM //	MERIC	AS) INC	E947 CA	N EEL ID			1011070	M TV	
		MENIC	ASJ, INC	., 5647 SP	N FELIP	E, SUIII	E 3600, I	HOUSTO	N, TX 77057	
II. DESCRIPTION OF WELL AI										
Burton Flat Deep Unit	Well No.		n including For urton Flat			Kind of Lesse Federal		NM0428854		
Location Unit Letter N : 66		Feet Fro	m The Sou	th Line and 1980			Feet From The W		Vest Line	
Section 34 Township	20\$	Range	28E	,NMPM,		Eddy			County	
III. DESIGNATION OF TRANSP	ORTER OF	: OIL AN	ודאוא מנ	IRAL GAS						
Name of Authorized Transporter of Oil	or Conden	sate	ID NATO	Address (Give	address to w	hich approve	d copy of this f	orm is to be se	nt)	
The Permian Corp.  Name of Authorized Transporter of Casingheed Gas	or Dry G	X		P.O.Box				y of this form is to be sent)		
Phillips 66 Natural Gas Co.	· · · · · · · · · · · · · · · · · · ·				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, Unit	Sec.	Twp.	Rge.	is gas actually o						
give location of tanks.  If this production is commingled with that from any other	34	20S	28E	Yes						
IV. COMPLETION DATA	. reads or poor, give	CONTRIBUTE	order number.						<del></del>	
Designate Type of Completion - (X)	Oil Well	Ga	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Red	edy to Prod.	<del></del>	Total Depth		1	P.B.T.D.			
Elevations (DF,RKB,RT,GR,etc.)	Name of Produc	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe			
	TIIRIN	G CASI	NG AND	CEMENTIN	G PECO	20				
HOLE SIZE		& TUBING			TH SET	טר	SAC	CKS CEMEN	T	
							<u> </u>			
v. TEST DATE AND REQUEST	FOR ALL C	WAYA DI E								
OIL WELL (Test must be after recover				al to or avoid to	n ellawahla fa			. arc es	er in the court error in	
Date First New Oil Run to Tank	Date of Test			Producing Meth				nown)		
Length of Test Tubing				Casing Pressure			Choke Side			
-	- 1			Canada III			JUN1 6 1993			
Actual Prod. During Test	Oil - Bble.	Oil - Bible.			Water - Bbls.			Gas - MOF		
GAS WELL	<u> </u>			L <u></u>				0	57.3	
Actual Prod. Test - MOF/D	Length of Test			Bbis. Condense	te/MMCF		Gravity of Co			
Testing Method (outitm bacj or,)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICATE (	OF COMPLI	IANCE			OIL C	ONSER	VATION	DIVISIO		
I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above							NN 23			
is true and complete to the best of my knowledge		•		Date A	pprovea		UN 23	,,,,,	·	
The law Will										
Signatus				Ву		OBIGINI	AL SIGNE	D BY		
Jim Wolfe Vice Pre	esident/Operations					MIKE W	ILLIAMS	LLIAMS		
				Title _		SU		'CTRICT	!!	
5/01/93 Date		03) 573-5 ephone No.	100				<del></del>			

- 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 III.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

  5) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

  6) Separate Form C-104 must be filed for each pool in multiply completed wells.