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	DISTRIBUTION			
	SANTA FE			Form C-104
	FILE	KEQUESI	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL O	SAS
	LAND OFFICE			
	TRANSPORTER GAS		RECEIVED	
	OPERATOR			
1.	PRORATION OFFICE		MAR 2 6 1975	
	Operator			
	Monsanto Company - Production Dept. O. G. G.			
321 West Texas, Midland, Texas 79701				
	Reason(s) for filing (Check proper box) Additional Other (Please explain)			
	New Well	Change In Transporter of:		
	Recompletion	· Oll Dry Ga	rs X	
	Change in Ownership	Casinghead Gas Conder	nsate	
	If change of ownership give name			
and address of previous owner				
n.	II. DESCRIPTION OF WELL AND LEASE			
	Lease Name	Well No. Pool Name, Including F		Leuse No.
	Burton Flat Deep Unit	6 Burton Flat	- MOTTOW State, Federal	or Fee Federal MM0311499
		090 North	1090	Devis
	Unit Letter <u>G</u> ; <u>1980</u> Feet From The North Line and <u>1980</u> Feet From The <u>East</u>			
	Line of Section 34 Tow	mship 205 Range	28E , NMPM, Eddy	County
	County County			
III.	I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oll or Condensate Address (Give address to which approved copy of this form is to be sent)			
	Nome of Authorized Transporter of Cas	inghead Gas 🔄 or Dry Gas 🏹	Address (Give address to which approv	ed copy of this form is to be sent)
	Transwestern Pipeline C Southern Union Cas Co.	0.	Box 2521, Houston, Tex Fidelity Union Tower,	as 77001
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	ⁿ TW 12/14/73
		G 34 205 28E	Yes i	- 00 2120114 AL 3-19-75
11/	*I lano Inc If this production is commingled wit	h that from any other lease or pool,	give comminging order number	s, New Mexico 88240
14.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completio	n = (X)		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top O!!/Gas Pay	Tuble Duth
				Tubing Depth
	Perforations	\		Depth Casing Shoe
			ر. و بر از	
			CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		<u> </u>		
				-
		<u> </u>		
V.	. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top a able for this depth or be for full 24 hours)			
OIL WELL able 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.)				i, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbla,	Water-Bbls.	Gas-MCF
	Actual Float During Test		1.0101 - DD101	Gue-MCF
	·	I	······	
	GAS WELL			<u> </u>
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
		i and i rossa (sint-in)	Canny Fronta (Dirac 20)	CHOXE SIZE
VI.	CERTIFICATE OF COMPLIANO	CE	OIL CONSERVA	TION COMMISSION
			OIL CONSERVATION COMMISSION MAR 31 1975	
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED	
	Commission have been complied w above is true and complete to the		BY_ W. C. Kusselt	
			TITLE SUPERVISOR_ DISTRICT I	
	District Production Manager			
			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 allow-	
	(Title)		All sections of this form must be filled out completely for show- able on new and recompleted wells.	
	March 25, 1975		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.	
	(Da	····	wert name of number, or transported of other auch change of condition.	