MANNE.					
ha. OF COPIES ACCEIVED	5				
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SANTA FE	1				
FILE	7	-			
U.S.G.S.					
LAND OFFICE					
TRANSPORTER OIL	1				
GAS	1				
OPERATOR	/				
PROBATION OFFICE					
Operator	•				
MONSANTO COM					
Address					
1330 Midland NBT,					
Reason(s) for filing (Check proper box)					
New Weil					
Recompletion X					
Change in Ownership					

(Dute)

NEW MEXICO OIL CONSERVATION COL SION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-11

	FILE /		AND Effective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	L GAS		
	CAND OFFICE			RECEIVED		
	TRANSPORTER GAS /			FOFIVED		
	OPERATOR /			1111 0 4		
1.	PRORATION OFFICE			JUL 24 1978		
	Operator					
	MONSANTO COMPANY			O. C. C.		
	Ţ.	Midland Taura 70703		UFFICE.		
	Reason(s) for filing (Check proper be	r, Midland, Texas 79701				
	New Well	Change in Transporter of:	Other (Please explain)			
	Recompletion X	Oil Dry G	ias []			
	Change in Ownership		ensate			
	76.3					
	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AND	LEASE				
		Well No. Pool Name Including I		redae vo.		
	BURTON FLAT DEEP UNIT	7 BURTON FLATS	- WOLFCAMP System	ercl of 199 Federal NM 049046		
	Unit Letter I ;	980 North	. 660	_ m. East		
		Feet From The HOTEH LI	ne and Feet Fro	m The Last		
	Line of Section 33	egnes 20S qidenwa	28E , NMPM, Ed	dy		
			, , , , , , , , , , , , , , , , , , , ,	County		
III.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL G.	AS			
	Name of Authorized Transporter of O	445	Address (Give address to which app	proved copy of this form is to be sent)		
	THE PERMIAN CORPORATI	ON	Box 1183, Houston, Te	xas 77001		
	Name of Authorized Transporter of C Gas Co. of New Mexico	asinghead Gas or Dry Gas X	Address (Give address to which app	g., Dallas, Texas 75270		
	*Transwestern PL Co.		PO Box 2521, Houston, Is gas actually connected?	Texas 77001		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. I 33 205 28E	· ·	7/ 8:44-29		
			PO District 1220	S hut in Pendin g		
737	If this production is commingled w	ith that from any other lease or pool,	give commingling order numbers	, New Mexico 88240		
14.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff. Resty.		
	Designate Type of Complete	on - (X)	V	July Buck Sume Ness't, Edit, Ness't,		
	Date Spudded RE:	Date Compl. Ready to Pred.	Total Depth	P.B.T.D.		
	5/26/78	6/16/78	11,540	11.170		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Freducing Formation	Top Oll/Ges Pay	Tubing Depth		
	Gr 3209	Wolfcamp	9538	9329		
ı	Perforations			Depth Casing Shoe		
	9538-52 w/ 29 holes 11,540					
			D CEMENTING RECORD			
- 1	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
ŀ	17 1/2"	13.3/8"	603	750 Sx. Circ.		
ŀ	12 1/4"	9 5/8"	2950	1250 Sx. Circ		
ŀ	8.3/4"	5 1/2" 2 1/2"	11,540	800_Sx		
v	TEST DATA AND DECLIEST E					
	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 allowable.) OIL WELL.					
Ī	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, sas	lift, etc.)		
				-\ <u>-</u>		
- 1	Length of Test	Tubing Pressure	Cosing Pressure	Cheke Size		
-						
	Actual Prod. During Test	Oil-Bble.	Water + Bbls.	Gae-MCF		
Ļ			1	1		
	GAS WELL			in I		
Г	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	140 MCFPD	24 Hrs.	60			
1	Testing Mathed (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size		
	Flowing	3050	Pkr.	16/64"		
ΫΙ. (CERTIFICATE OF COMPLIAN		11	ATION COMMISSION		
1	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 SEP · 6 1978 , 19			
ŧ	sove is true who complete to the	be bear or my knowledge and belief.	BY W, U, W LESSEL			
			TITLE SUPERVISOR, DISTRICT II			
	China.					
	Mou	n	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despand.			
-	(Sign	ature)	wall, this form must be accompanied by a tabulation of the deviation			
	D. E. Brown - Regional	Prod. Mar.	tests taken on the well in accordance with MULE 111. All sections of this form must be filled out completely for allowable on new and recompleted wells.			
	(Ti	(le)				
	7/21/78		Fill out only Sections I, II, III, and VI for changen of owner,			

Fill out only Sections I. H. III, and VI for changes of owner, well name or number, or transporter or other such thanks of condition.