Reasons) for bling (Check proper bo Lew West X Heaverplatics Change in a constitute	AUTHORIZATION TO TR AUTHORIZATION TO TR PANY rienfeld, Midland, Texa	ins	E D	
If change of ownership give name and address of previous owner				
I. DESCRIPTION OF WELL AND				
Burton Flat Deep Uni		ame, Including Formation rton Flat - Strawn	Kind of Lease NMO442882 State, Federal of Fee	
Location Unit Letter E : 19	80 p North	ne and 660 Fact Fact		
Feet From The WEST				
Line of Section 35 , Township 20-S Range 28-E , NMPM, Eddy County				
I. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA			
The Permian Corporation		Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, Texas 77001		
Transwéstern Pipeline Company		Address (Give address to which approved copy of this form is to be sent) Box 2521, Houston, Texas 75201		
It well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	is gas actually connected?   Wh	ner.	
<u> </u>	L 205 28E th that from any other lease or pool,		March 14, 1974	
. <u>COMPLETION DATA</u>	Oil Well Gas Well	New Well Workover Deeren		
Designate Type of Completio	$\operatorname{pn} = (X)$ X	X	Plug Back   Same Res'v. Diff. Res'v.	
Date Spudded November 13, 1973	Date Compl. Ready to Prod. March 5, 1974	Total Depth 11,540	P.B.T.D. 11,501	
Feel Burton Flat	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations	Strawn	10,310	10,128 Depth Casing Shoe	
10310-18, 10332-46			11,540	
HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT	
17½	13 3/8	615	750 Sx. Circ.	
$12\frac{1}{4}$ 8 3/4	9 5/8	2,950	1,250 Sx. Circ.	
	/	11,540	1,000 Sx.	
- 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 allow-				
OIL WELL Date First New Oil Run To Tanks	Date of Test	pth or be for full 24 hours) Producing Method (Flow, pump, gas li		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
GAS WELL				
Actual Frid. Test-MCF/D 1632 CAOF	Length of Test 4 hours	Bbls. Condensate/AMCF	Gravity of Condensate	
resung Method (pitot, back pr.)	4 NOURS Tubing Pressure	O Casing Pressure	0 Choke Size	
Back Pressure	2530 - 1965	0	6/64 - 9/64	
CERTIFICATE OF COMPLIANC	CE	OIL CONSERVA	TION COMMISSION	
I hereby certify that the rules and -		APPROVED MAR 1 8 197	MAR 1 8 1974	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		1/17 4	resset	
above is true and complete to the best of my knowledge and belief.				
		TITLE OIL AND GAS INSPECTOR		
11:411 GIVR.	(	This form is to be filed in c	compliance with RULE 1104.	
$\mathcal{M} = \mathcal{M} = \mathcal{M} = \mathcal{M} = \mathcal{M} = \mathcal{M}$	()	If this is a request for allex	able for a newly dilled or deepened field by a tabulation of the deviation	
District Production	Manager	tests taken on the well in accor	dance with RULE 111.	
(Title)		All sections of this form must be filled out completely for all su- able on new and recompleted wells.		
March 12, 1974		Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.		
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