

OIL CONSERVATION DIVISION

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

Form C-104
Revised 1-1-89
RECEIVED Instructions
at Bottom of Page

JUL 22 1991

O. C. D.
ARTESIA, OFFICE

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: ☐ Dry Gas ☐ INTRACOMPANY NAME CHANGE ONLY

Recompletion ☐ Oil ☐ Casinghead Gas ☐ Condensate ☐

Change in Operator ☒

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>9</u> | Pool Name, including Formation <u>BURTON FLAT MORROW</u> | Kind of Lease <u>State, Federal</u> | Lease No. <u>NM 0442882</u> |
| Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>N</u> Line and <u>660</u> Feet From The <u>W</u> Line Section <u>35</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

SCURLOCK PERMIAN CORP EFF 9-1-91

| | |
|--|--|
| 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>E</u> Sec. <u>35</u> Twp. <u>20S</u> Rge. <u>28E</u> | Is gas actually connected? <u>YES</u> When? <u>01-02-90</u> |

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>posted ID-3</u> |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF <u>7-26-91</u> |
| | | | <u>6 hg OP</u> |

GAS WELL

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

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

OIL CONSERVATION DIVISION

JUL 23 1991

Date Approved _____
By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.