DISTRIBUTION SANTA FE		ONSERVATION COMMIL . 2N	Form C-104
FILE		FOR ALLOWABLE AND	Supersedes Old C-104 and C-110 Effective 1-1-65
U.S.G.S.  LAND OFFICE	AU HURE AT ION TO TRA	HISPORT OIL AND NATURAL G	AS
TRANSPORTER OIL GAS	MAY 21 1986		
OPERATOR			
I. PHORATION OFFICE Operator	O. C. D.  ARTESIA, OFFICE		
BHP Petroleum Company	Inc.		
1300 One First City Ce	enter, Midland, Texas 797	701	
Reason(s) for filing (Check proper box) New Well	Change in Transporter of:	Other (Please explain)	
Recompletion	Oil Dry Ga	s 🔲	
Change in Ownership X	Casinghead Gas Conden	nsate	
If change of ownership give name Mc and address of previous owner	onsanto Oil Company, 1300	O One First City Center,	Midland, Texas 79701
II. DESCRIPTION OF WELL AND I	LEASE Well No.: Pool Name, Including Fo	ormation Kind of Lease	Lease No.
Burton Flat Deep Unit	11 Burton Flat -	Morrow State, Federal	crFee Fee
_	60 north	1980	east
Unit Letter;	Feet From The Lin	28E Prom 1	
Line of Section Tow	vnship ZOO Range	, NMPM, Edd	Cour.ty
Name of Authorized Transporter of Oil		S Address (Give address to which approx	ed convol this form is to be sent
The Permian Corp.	Permian (Eff. 9 / 1 /87)	P.O. Box 1183, Houston,	
Name of Authorized Transporter of Casinghead Gas or Dry Gas Cas Company of New Mexico,		Address (Give address to which approved copy of this form is to be sent) First International Bldg., Dallas, Tx 75270	
Llano, Inc. If well produces oil or liquids,	Unit Sec. Twp. P.ge.	PO Drawer 1320 Hobbs who	Wew Mexico 88240
give location of tanks.	B 27 20S 28E	<del></del>	-11/4/74, TW-6/6/75, L13, pp j
If this production is commingted wit V. COMPLETION DATA	the that from any other lease or pool,		
Designate Type of Completion	on - (X) Gas Well	New Well Workover Deepen	Plug Back   Same Resty, Diff. Resty,
Date Spuddød	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKE, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
			D. A. Carlos Share
Perforations			Depth Casing Shoe
		CEMENTING RECORD	
HOLESIZE	CASING & TUBING SIZE	DEPTH SET	Post ID-3
			8-1-86
			Chg Op
V. TEST DATA AND REQUEST FO		fter recovery of total volume of load oil i pth or be for full 24 hours)	and must be equal to or exceed top allow-
OIL WELL Date First New OII Hun To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)
	Tubing Pressure	Caning Pressure	Choke Size
Length of Test	Taxing 7 1000did		
Actual Prod. During Test	OII-Bbis.	Water-Bbls.	Gan-MCF
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Piper 1001 Mory D			
Testing Method (pitot, back pr.)	Tubing Pressure (Shuk-in)	Casing Pressure (Shut-in)	Choke Size
/I. CERTIFICATE OF COMPLIANCE	CE	OIL CONSERVA	TION COMMISSION
		APPROVED JUL 28 1986 . 19	
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.		Original Signed By	
		Les A. Clements	
		TITLE Supervisor District II  This form is to be filed in compliance with RULE 1104.	
House		If this to a request for allowable for a newly drilled or despense	
D. E. Brown - Manager Southwestern Region		well, this form must be accompanied by a tabulation of the invisit table taken on the well in accordance with RULE 111.	
(Title)		All nections of this form must be filled out completely for allow- able on new and recompleted wells.	
April 30, 1986 (Date)		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	