

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

RECEIVED

SEP 17 1975

Operator <b>MONSANTO COMPANY</b>	
Address <b>PRODUCTION DEPT. - 321 We. Texas, Midland, Texas 79701</b>	
Reason(s) for filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Other (Please explain)	

If change of ownership give name  
and address of previous owner

1. DESCRIPTION OF WELL AND LEASE

Lease Name <b>BURTON FLAT DEEP UNIT</b>	Well No. <b>13</b>	Pool Name, including Formation <b>BURTON FLAT - MORROW</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>L-6322</b>
Location Unit Letter <b>XO</b> <b>660</b> Feet From The <b>South</b> Line and <b>1980</b> Feet From The <b>East</b> Line of Section <b>28</b> Township <b>20S</b> Range <b>28E</b> , NMPM, <b>Eddy</b> County				

1. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>THE PERMIAN CORPORATION</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1183, Houston, Texas 77001</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>TRANSWESTERN PIPELINE COMPANY</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 2521, Houston, Texas 77001</b>	
If well produces oil or liquid, give location of tanks, Unit <b>0</b> Sec. <b>28</b> Twp. <b>20S</b> Rge. <b>28E</b>	Is gas actually connected? <b>Yes</b>	When <b>9/10/75</b>

If this production is commingled with that from any other lease or pool, give commingling order number:

1. COMPLETION DATA

Designate Type of Completion - (X) <b>X</b>	Oil Well <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'ty. <input type="checkbox"/>	Diff. Res'ty. <input type="checkbox"/>
Date Completed <b>10/9/74</b>	Date Compl. Ready to Prod. <b>12/27/74</b>		Total Depth <b>11,560'</b>		P.B.T.D. <b>11,470'</b>			
Elevations (DT, RKB, RT, etc.) <b>3220 Gr.</b>	Name of Producing Formation <b>Morrow</b>		Top Oil/Gas Pay <b>11,412'</b>		Tubing Depth <b>11,175'</b>			
Perforations <b>11,412-11,416 w/ 8 shots</b>					Depth Casing Shoe <b>11,560'</b>			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>17 1/2"</b>	<b>13 3/8"</b>	<b>600'</b>	<b>750</b>
<b>12 1/4"</b>	<b>9 5/8"</b>	<b>2820'</b>	<b>1100</b>
<b>8 3/4"</b>	<b>5 1/2"</b>	<b>11,560'</b>	<b>800</b>
	<b>2 7/8"</b>	<b>11,175'</b>	

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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D <b>1,445</b>	Length of Test <b>4 Hr.</b>	Bbls. Condensate/MMCF <b>-0-</b>	Gravity of Condensate <b>----</b>
Testing Method (pitot, back pr.) <b>BP</b>	Tubing Pressure (Shut-in) <b>2842</b>	Casing Pressure (Shut-in) <b>Packer</b>	Choke Size <b>24/64"</b>

CERTIFICATE OF COMPLIANCE

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.

  
(Signature)  
Regional Production Manager  
(Title)  
9/16/75  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **SEP 17 1975**, 19\_\_\_\_  
BY **W. A. Gressett**  
TITLE **SUPERVISOR, DISTRICT II**

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 allowable on new and recompleted wells.

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

NEW MEXICO OIL CONSERVATION COMMISSION

P. O. DRAWER "DD"

ARTESIA, NEW MEXICO 88210

AIR MAIL

NOTICE OF GAS CONNECTION

DATE September 10, 1975 .

This is to notify the Oil Conservation Commission that connection  
for the purchase of gas from the Monsanto Co. Burton Flat .  
Operator Lease  
Well #13-Unit Letter \* . 28-20S-28E . Burton Flat . Transwestern .  
Well Unit S.T.R. Pool Name of purchaser  
\* Unknown Eddy County (Morrow)

was made on Sept. 5, 1975 .

Transwestern Pipeline Company



H. N. Aicklen

Representative

Supervisor Gas Purchase Contract Administration  
Title

cc: Operator  
Oil Conservation Commission - Santa Fe

**RECEIVED**

SEP 12 1975

**O. C. C.**  
**ARTESIA, OFFICE**