

DISTRIBUTION		5	
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

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

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

OCT 6 1975

O. C. C.
ARTERIA, OFFICE

Operator MONSANTO COMPANY	
Address Production Dept., 321 West Texas, Midland, Texas 79701	
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"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name BURTON FLAT DEEP UNIT	Well No. 14	Pool Name, Including Formation Burton Flat - Morrow	Kind of Lease State, Federal or Fee	Lease No. L 2766
Location				
Unit Letter M	665	Feet From The West	Line and 3285	Feet From The South
Line of Section 2	Township 21S	Range 27E	, NMPM, Eddy County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
The Permian Corp.	P.O. Box 1183, Houston, Texas 77001	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Southern Union Gas Co.	Fidelity Union Tower, Dallas, Texas 75201	
If well produces oil or if it does, give location of tanks.	Unit M	Sec. 2
	Twp. 21S	Rgn. 27E
	Is gas actually connected? Yes	When 10/3/75

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 <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 Drilled 4/8/75	Date Compl. Ready to Prod. 6/20/75		Total Depth 11,610'		P.B.T.D. 11,540'			
Elevations (DF, RKE, RT, CR, etc.) 3211 GR.	Name of Producing Formation Morrow		Top Oil/Gas Pay 11,328		Tubing Depth 11,112			
Perforations 11328-338					Depth Casing Shoe 11605			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		596'		750			
12 1/2"	9 5/8"		2910		1250			
8 3/4"	5 1/2"		11,605'		900			
	2 7/8"		11,112'					

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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 1054	Length of Test 4 Hrs.	Bbls. Condensate/MMCF -0-	Gravity of Condensate
Testing Method (pitot, back pr., B.P.	Tubing Pressure (shut-in) 2917	Casing Pressure (shut-in) Packer	Choke Size 8/64

VI. 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)

October 3, 1975

(Date)

OIL CONSERVATION COMMISSION

APPROVED **OCT 7 1975**, 19

BY *[Signature]*

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.