1.	DISTRIBUTION DISTRIBUTION SANTA FE // FILE // U.S.G.S. LAND OFFICE I RANSPORTER OIL // GAS // OPERATOR // PRORATION OFFICE Operator Monsanto Compa Address 1330 Midland National Recon(s) for filing (Check proper box) New Well Recompletion Change in Ownership	REQUEST F AUTHORIZATION TO TRAN ny Bank Tower, Midland, Te	Other (Please explain) Change Southern name to Gas Comp	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 AS Union Gas Company's pany of New Mexico
	If change of ownership give name and address of previous owner			
11.	DESCRIPTION OF WELL AND I Lease Name Burton Flat Deep Unit Location Unit Letter;665	Well No. Pool Name, Including Fo 14 Burton Flat - Feet From The West 210 077	Morrow State, Federal	cr Fee State L 2766
	Line of Section 2 Township 21S Range 27E , NMPM, Eudy County			
III.	Name of Authorized Transporter of Oil The Permian Corp.		Address (Give address to which approv PO Box 1183, Houston, 5	Texas 77001
	Name of Authorized Transporter of Cas Gas Company of New Mex <u>Llano, Inc.</u> If well produces oil or liquids,	ico Unit Sec. Twp. Pge.	Address (Give address to which approv First International Blo PO Drawer 1320, Hobber is gas actually connected?	dg., Dallas, Texas 75270
	give location of tanks.	M 2 21S 27E	Yes	Llano 12/23/75
IV.	COMPLETION DATA Designate Type of Completion Date Spudded Elevations (DF, RKB, NC, GR, etc.)	Date Compl. Ready to Prod.	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv. P.B.T.D. Tubing Denik
	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. (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- oil, WELL able for this depth or be for full 24 hours)			
	Date First New Cil Run To Tanks Date of Test Producing Nathod (Flow, pump, gas lift, etc.)			t, etc.)
	Landto of Teat	Tubing Dresette	CTRIDU Pressure	Chok+ Ste+
	Actual Prog. During Teet	Çrf+3b.a.	Hoist-Bols.	Gas-wCF
	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Teating Method (pitoi, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
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.		OIL CONSERVATION COMMISSION <u>SEP 101976</u> APPROVED <u>SEP 101976</u> BY <u>SUPERVISOR DISTRICT M</u> TITLE <u>SUPERVISOR DISTRICT M</u> 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 allow- able 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 filled for each pool in multiply completed wells.	
	D. S. Tipton (Signature) Regional Production Engineer (Title) 9/1/76 (Date)			