ubmit 5 Copies ppropriate District Office ISTRICT 1 O. Box 1980, Hobbe, NM 88240		ral Resources Department	Furm C-104 Revised 1-1-89 See Instructions at Bolium of Page
ISTRICT II O. Drawer DD, Anesia, NM 88210	OIL CONSERVA P.O. Bo	x 2088	
ISTRICT III NU Rio Brazos Rd., Aziec, NM 87410	Santa Fe, New Me REQUEST FOR ALLOWAB		
	TO TRANSPORT OIL	AND NATURAL GAS	
persuor UMC Petroleúm Corp	poration		API No. -015–24734
ddress 410 17th Street, S	Suite 1400 , Denver, CO	80202	
tesson(s) for Filing (Check proper box)		Other (Please explain)	<u></u>
Accompletion	Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate	11-15 94	
change of operator give name d address of previous operator Gener	ral Atlantic Resources, I	nc. 410 17th ST., STE 1	400, Denver, CO 80202
L. DESCRIPTION OF WELL A case Name pEEP Burton FlatAUni	Well No. Pool Name, Includin	ng Formation 3713 Kind ne Spring, EAST	of Lease No. Federal of the 8910123910
ocation Unit LetterH	:	orth 744	East Line
Section 2 Township	p 21S Range 27E	, NMPM,	Eddy County
	SPORTER OF OIL AND NATU		
Name of Authorized Transporter of Oil Scurlock-Permian	T or Condensate	Address (Give address to which approve P.O. Box 4648, Houst	
Name of Authonized Transporter of Casia GPM	ghead Gas or Dry Gas [X]	Address (Give address to which approve P 0 Box 5050 Bart 1	d copy of this form is to be sent) esville, OK 74005-5050
f well produces oil or liquide, ive location of tanks.	Unit Sec. Twp. Rge. 2 21S 11 27E	· · · · · · · · · · · · · · · · · · ·	
	from any other lease or pool, give comming	ll	
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v Diff Res'v
Designate: Type of Completion Date Spudded	Date Compl. Ready to Prod.	Total Depth	I RECEIVED
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing D. MAR 2 4 1995
Perforations		1	Depth Casing Shoe OIL CON. DAV
	TUBING, CASING AND	CEMENTING RECORD	DIST 9
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUE	ST FOR ALLOWABLE		
-	recovery of total volume of load oil and mus	t be equal to or exceed top allowable for t Producing Method (Flow, pump, gas lift	
	Date of Test	Producing Method (Plow, pump, gas igi	
Leagth of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.	Gas- MCF
GAS WELL	·	, <u> </u>	
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI. OPERATOR CERTIFIC I hereby certify that the rules and reg Division have been complied with an	gulations of the Oil Conservation	OIL CONSERV	VATION DIVISION
is true and complete to the best of my		Date Approved	MAR 29 1995
Signature	Vice President Operations	By	
Printed Name 3/17/95	Vice President Uperations Title (303) 573-5100 Telephone No.	TitleSUPERVISOR. DISTRICT II	
	orm is to be filed in compliance with		

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.