	DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  IRANSPORTER  OPERATOR  PRORATION OFFICE	REQUEST FO	NSERVATION COMMISSION OR ALLOWABLE AND ISLORT OIL AND NATURAL GA	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
	BHP Petroleum Company Inc.  Address 1300 One First City Center, Midland, Texas 79701  Reason(s) for filing (Check proper box) New Well Change in Transporter of: Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate			
	If change of ownership give name and address of previous owner	Onsanto Oil Company, 1300	One First City Center,	Midland, Texas 79701
H.	DESCRIPTION OF WELL AND I Lease Name Burton Flat Deep Unit Location 1 Unit Letter 426	Well No. Pool Name, Including For 25 Avalon, East -	Bone Springs State, Federal	cr Fee State L-2766
<b>:1</b> .	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	27E , NMPM,  Address (Give address to which approx	Eddy County  red copy of this form is to be sent)
	Name of Authorized Transporter of Cil The Permian Corp. Name of Authorized Transporter of Cas Phillips Petroleum Corp	singhead Gas 図 or Dry Gas ☐	P. O. Box 1183, Houston Address (Give address to which approx 4001 Penbrook, Odessa,	, Texas 77001  Seed copy of this form is to be sent)  Texas 79762
	Give location of tanger	H 2 21S 27E	yes	5/24/84
v	If this production is commingled with COMPLETION DATA	th that from any other lease or pool, g		Plug Back   Same Resty, Diff. Resty.
	Designate Type of Completion		New Well Workover Deepen	
	Date Spuddod	Date Compl. Ready to Pred.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	CEMENTING RECORD DEPTH SET	SACKS CEMENT
	House size			Post ID-3 8-1-86
				Cha Op
	DOMESTIC DE LA CONTROL DE LA C	OT ALL OWNERS Comments of	for recovery of total volume of load oil	and must be equal to or exceed top allow-
V	OIL WELL able for this depth or be for full 24 hours)			
	Date First New Cil Run To Tanks	Date of Test	Floring Indiana (1 pool )	
	Length of Tost	Tubing Pressure	Casing Pressure	Choke Size
	Actual Pred, During Test	Oll-Bbis.	Water-Bols.	Gan-MCF
	GAS WELL		0.1.05	Gravity of Condensate
	Actual Prod. Test-MCF/D	Length of Tust	Bbls. Cendensate/MMCF	didnity of condensation
	Testing Mothod (pitot, back pr.)	Tuking Pressure (Shut-in)	Coming Pressure (Shut-in)	Choxe Size
2)	I. CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation		OIL CONSERVATION COMMISSION  JUL 28 1986  APPROVED	
	Commission have been complied with and that the information above is true and complete to the best of my knowledge and the complete to th		BYLes A. Ciemenis	
			Supervisor District II	
	4777		This form is to be filed in	compliance with RULE 1104.
	D. E. Brown - Manager Southwestern Region		If this is a request for ellowable for a newly defited or deepened well, this form must be accompanied by a tebulation 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-	
			while on new and recompleted wells.  Fill out only Sections I. H. HI, and VI for change of owner, well name or number, or transporter, or other such change of condition.	
		Jute)	well name or number, or transpo	eren en emer een minde en e