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U.S.G.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PRODUCTION OFFICE

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

RECEIVED BY
JUL 17 1984
O. C. D.
ARTESIA, OFFICE

Form C-104
Supersedes OIL C-101 and C-11
Effective 1-1-83

Operator Burl Oil Corp.
Address P.O. Box 640 Hobbs, NM 88240
Reason(s) for filing (Check proper box) Other (Please explain)
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

DESCRIPTION OF WELL AND LEASE

Lease Name Eddy FV State Well No. 3 Pool Name, including Formation Avon Shale Kind of Lease State, Federal or Fee Lease No. K-6527
Location
Unit Letter P : 660 Feet From The South Line and 330 Feet From The East
Line of Section 25 Township 20S Range 27E , NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Primex Corp. Address (Give address to which approved copy of this form is to be sent) Box 3119 Midland TX 79701
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Burl Oil (Used on Lease) Address (Give address to which approved copy of this form is to be sent) Box 1150 Midland TX 79701
If well produces oil or liquids, give location of tanks. Unit P Sec. 25 Twp. 20S Rge. 27E Is gas actually collected? Yes When TD

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v. Well Re-try.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.D.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
Perforations					Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

Jamal L. Williams
(Signature)
AREA ENGINEER
(Title)
7/16-84
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 31 1984, 19
BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector

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 deviated 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,
change of name or number, or transporter, or other such change of conditions.