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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
RECEIVED BY  
MAY 21 1986  
O. C. D.  
ARTESIA OFFICE

I. Operator  
BHP Petroleum Company Inc.

Address  
1300 One First City Center, Midland, Texas 79701

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 Monsanto Oil Company, 1300 One First City Center, Midland, Texas 79701 and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Burton Flat Deep Unit	Well No. 27	Pool Name, including Formation Avalon, Ease - Bone Springs	Kind of Lease State, Federal or Fee State	Lease No. L-2766
Location Unit Letter <u>G</u> ; <u>1612</u> Feet From The <u>north</u> Line and <u>1980</u> Feet From The <u>east</u> Line of Section <u>2</u> Township <u>21S</u> Range <u>27E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Okessa, Texas 79762				
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 2	Twp. 21S	Pge. 27E	Is gas actually connected? When yes 5/30/84

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKE, 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 Post ID-3 8-1-86 Chg Op		

VI. 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/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VII. 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.

  
D. E. Brown - Manager Southwestern Region  
April 30, 1986

OIL CONSERVATION COMMISSION

JUL 28 1986

APPROVED \_\_\_\_\_, 19\_\_\_\_\_  
BY Original Signed By  
Les A. Clements  
TITLE Supervisor District II

This form is to be filled 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 change of owner, well name or number, or transporter, or other such change of condition.