

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION JUL 22 1991
TO TRANSPORT OIL AND NATURAL GAS

I. Operator **BHP PETROLEUM (AMERICAS) INC.** Well APN **C. D. ARTESIA, OFFICE**

Address **5847 SAN FELIPE, SUITE 3600, HOUSTON, TEXAS 77057**

Reason(s) for Filing (Check proper box) ☐ Other (Please explain)

New Well ☐ Change in Transporter of: ☐ Dry Gas ☐ INTRACOMPANY NAME CHANGE ONLY

Recompletion ☐ Oil ☐ Casinghead Gas ☐ Condensate ☐

Change in Operator ☒

If change of operator give name and address of previous operator **BHP PETROLEUM COMPANY INC., 5847 SAN FELIPE, SUITE 3600, HOUSTON, TX 77057**

II. DESCRIPTION OF WELL AND LEASE

Lease Name BURTON FLAT UNIT	Well No. 27	Pool Name, including Formation AVALON BONE SPRING, EAST	Kind of Lease State, Federal, or Private	Lease No. L-2766
Location				
Unit Letter G	1612	Feet From The N Line and 1980	Feet From The E Line	
Section 2	Township 21 S	Range 27E	NMPM, EDDY	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

SCURLOCK PERMIAN CORP EFF 9-1-91

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
THE PERMIAN CORPORATION	P.O. BOX 1183 HOUSTON, TX 77001
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
PHILLIPS 66 NATURAL GAS CO.	820 M PLAZA OFFICE BLDG, BARTLESVILLE, OK 74004
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ?
	H 2 21S 27E YES 05-30-84

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

IV. 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, 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			

V. 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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size ported ID-3 7-26-91
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF 4.4 mg OP

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature **Scott Sanders**
Printed Name **SCOTT SANDERS** Title **DRILLING/OPERATIONS ENG.**
Date **JULY 12, 1991** Telephone No. **713-780-5375**

OIL CONSERVATION DIVISION

Date Approved **JUL 23 1991**

By **ORIGINAL SIGNED BY**
MIKE WILLIAMS
Title **SUPERVISOR, DISTRICT II**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.