

DISTRIBUTION	
SANITARY	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL ☐ GAS ☐
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

Form C-104

Supersedes Old C-104 and C-110
Effective 1-1-85RECEIVED BY
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DEC 10 1984

O. C. D.
ARTESIA, OFFICE

Operator MONSANTO OIL COMPANY	
Address 1300 One First City Center, Midland, Texas 79701	
Reason(s) for filing (check proper box)	
New Well ☒	Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐
Recompletion ☐	
Change in Ownership ☐	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Burton Flat Deep Unit	Well No. 28	Pool Name, including Formation E. Avalon Bone Spring	Kind of Lease State, Federal or Fee	Lease No. L-6523
Location Unit Letter <u>J</u> ; <u>3100</u> Feet From The <u>North</u> Line and <u>1880</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 ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent) The Permian Corp PO Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent) Phillips Petroleum Corp 4001 Penbrook, Odessa, Texas 79762					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 2	Twp. 21S	Rge. 27E	Is gas actually connected? Yes	When 12/1/84

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 Resrv. ☐	Diff. Resrv. ☐
Date Spudded 10/15/84	Date Compl. Ready to Prod. 12/1/84	Total Depth 5602		P.B.T.D. 5539				
Elevations (DF, RKE, RT, CR, etc.) 3204' GR	Name of Producing Formation Bone Spring	Top Oil/Gas Pay 5430'		Tubing Depth 5339				
Perforations 5430 - 5454					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	620	600
12 1/4	8 5/8	2604	1600
7 7/8	5 1/2	5602	950
	2 7/8	5339	

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)

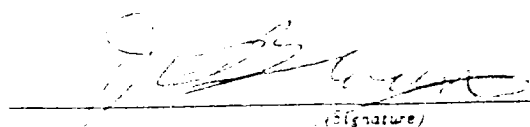
Date First New Oil Run To Tanks 12/1/84	Date of Test 12/1/84	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 1350	Casing Pressure 0	Choke Size 14/64
Actual Prod. During Test	Oil-Bbls. 10	Water-Bbls. 0	Gas-MCF 259

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

VI. 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.

Regional Production Manager
(Title)12/7/84
(Date)

OIL CONSERVATION COMMISSION

DEC 19 1984

APPROVED _____, 19____

BY _____
Original Signed By
Leslie A. Clements
TITLE _____
Supervisor District II

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 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 changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.