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SANTA FE	
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U.S.G.S.	
LAND OFFICE	
TRANSPORTER OIL	
TRANSPORTER GAS	
OPERATOR	
PRORATION OFFICE	

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

RECEIVED BY
DEC 10 1984
O. C. D.
ARTESIA, OFFICE

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

I.

Operator
MONSANTO OIL COMPANY

Address
1300 One First City Center, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well	X	Change in Transporter of:			
Recompletion		Oil		Dry Gas	
Change in Ownership		Casinghead Gas		Condensate	

Other (Please explain)

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Burton Flat Deep Unit	28	E. Avalon Bone Spring	State, Federal or Fee State	L-6523

Location
Unit Letter J : 3100 Feet From The North Line and 1880 Feet From The East

Line of Section 2 Township 21S Range 27E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil X 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 X 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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	J	2	21S	27E	Yes	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 Res'v.	Diff. Res'v.
	X		X					

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

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 (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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
12/1/84	12/1/84	Flowing	Test ED-2 12-14-84 Comp PPX
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24	1350	0	14/64
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
	10	0	259

GAS WELL

Actual. Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

(Signature)

Regional Production Manager
(Title)

12/7/84
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 19 1984, 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.