

OIL CONSERVATION DIVISION

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

RECEIVED

JUL 22 1991

O. C. D.  
ARTESIA, OFFICE

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator BHP PETROLEUM (AMERICAS) INC. Well API No. \_\_\_\_\_

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 <u>BURTON FLAT UNIT</u>	Well No. <u>28</u>	Pool Name, including Formation <u>AVALLON BONE SPRING, EAST</u>	Kind of Lease <u>State, <del>TEXAS</del></u>	Lease No. <u>L-6523</u>
Location				
Unit Letter <u>J</u>	<u>3100</u>	Feet From The <u>N</u> Line and <u>1880</u> Feet From The <u>E</u> Line		
Section <u>2</u>	Township <u>21S</u>	Range <u>27E</u>	<u>NMPM, EDDY</u>	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"/> <u>THE PERMIAN CORPORATION</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. BOX 1183 HOUSTON, TX 77001</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>PHILLIPS 66 NATURAL GAS CO.</u>	Address (Give address to which approved copy of this form is to be sent) <u>820 M PLAZA OFFICE BLDG, BARTLESVILLE, OK 74004</u>
If well produces oil or liquids, give location of tanks.	Unit <u>J</u> Sec. <u>2</u> Twp. <u>21S</u> Rge. <u>27E</u>
Is gas actually connected?	When? <u>12-01-84</u>

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 <u>posted 7D-3 7-26-91</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF <u>4.1 mg OP</u>

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. 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

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