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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico _nergy, Minerals and Natural Resources Depart

Form C-104 Revised 1-1-89 See Instructions

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

JUL 2 2 1991

		~ ~	- 1.
REQUEST FOR ALLOWABLE AND AUTHORIZATIO	N		
		_	_
TO TRANSPORT OIL AND NATURAL GAS	O.	C.	D.

perator	101	HANS	PONT OIL	AND NA	I UNAL GAS	ARVERSA	N OFFICE			
BHP PETROLEUM (AMERICAS) I	NC.								
idress	CUITE 260	0 110	UCTON TE	VAC 770	57					
5847 SAN FELIPE		О, но	USION, IE		or (Please explain	n)				
ew Well		ige in Tra	nsporter of:		•					
ecompletion	Oil	Dr Dr	y Gas		INTRA	ACOMPANY	NAME C	HANGE ON	NLY	
hange in Operator	Casinghead Gas	C ₀	ndensate							
change of operator give name d address of previous operator	BHP PETROLE	UM CC	MPANY INC	., 5847	SAN FELI	PE, SUI	TE 3600	, HOUSTO	N, TX 7	
. DESCRIPTION OF WELL	L AND LEASE									
ease Name BURTON FLAT			ol Name, Includin AVALON BO	ng Formation	NC FACT		of Lease		ase No.	
	3		AVALON BO	ME SEKT	NG, EASI	33 , 1	Federal Car	044	2882 	
ocation	220	_	0			0				
Unit LetterM	:330	Fe	et From The <u>S</u>	Lin	e and330	<u>U Fe</u>	et From The	W	Line	
Section 35 Towns	ship 20 S	R	ange 28 E	, N	МРМ,	EDDY			County	
I. DESIGNATION OF TRA	NCDADTED A	E OII	AND NATIO	DAI CAS	SCUR	RLOCK PERI	MIAN CORP	EFF 9-1-91		
lame of Authorized Transporter of Oil		Condensat			ve address to wh	ich approved	copy of this f	orm is to be se	ni)	
THE PERMIAN COR	PORATION				OX 1183 F					
Name of Authorized Transporter of Ca PHILLIPS 66 NAT			Dry Gas		ve address to wh					
f well produces oil or liquids,	Unit Sec	 -	wp. Rge.	+	PLAZA OFF	When		LESVILL.	E, UK 74	
ve location of tanks.			20S 28E	YI	-			-07-84		
this production is commingled with the	nat from any other le	ase or po	ol, give comming	ing order nun	nber:					
V. COMPLETION DATA	lo	il Well	Gas Weil	New Well	Workover	Deepen	Plue Back	Same Res'v	Diff Res'v	
Designate Type of Completic										
Date Spudded	Date Compl. R	eady to P	Tod.	Total Depth			P.B.T.D.			
levauons (DF, RKB, RT, GR, etc.)	Name of Produ	cing Form	nation	Top Oil/Gas	s Pay		Tubing De	oth		
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Tuoing Ex				
Perforations							Depth Casi	ng Shoe		
	TILE	SING. C	CASING AND	CEMENT	ING RECOR	lD	1	 _		
HOLE SIZE		ING & TUBING SIZE		DEPTH SET				SACKS CEMENT		
				-			ļ			
V. TEST DATA AND REQI	UEST FOR ALI	LOWA	BLE	- '						
	ter recovery of total	volume o	fload oil and mus		or exceed top all Method (Flow, p			e for full 24 ho	urs.)	
Date First New Oil Run To Tank	Date of Test			Froducing	iviculou (110%, p	штф, <u>до</u> х 191,	eic.,	anti	I In-	
Length of Test	Tubing Pressu	re		Casing Pre	ssure		Choke Siz	. 7	24-4	
				W. Dit			Choke Size Posted ID- 7-26-9 Gas-MCF			
Actual Prod. During Test	Oil - Bbls.			water - Be	Water - Bbls.			Cas- MCF GAZ OF		
GAS WELL		.					_1			
Actual Prod. Test - MCF/D	Length of Tes	it .		Bbls. Cond	densate/MMCF		Gravity o	Condensate		
		·M···	* (0 6	· · · · · · · · · · · · · · · · · · ·					
Testing Method (pitot, back pr.)	Tubing Press	ire (Shut-	in)	Casing Pre	essure (Shut-in)		Choke Siz	ze		
VI. OPERATOR CERTI	FICATE OF (COMP	LIANCE	1						
I hereby certify that the rules and					OIL CO	NSER			ON	
Division have been complied with	and that the inform	ation give	en above				JUL 2	3 1991		
is true and complete to the best of	my knowledge and	Delief.		∥ Da	ate Approv	ed				
5, \$1 Sn.	. Ly				ORIC	INAL SIG	ENED BY			
Signature CANDED	DDTTTT	/ODER	ATTONIC DE	् ∥ Ву	- MIKE	WILLIA	vis 			
SCOTT SANDERS Printed Name	DRILLING	OPERA	ATIONS ENC	- 11	SUP		DISTRIC	TIF		
JULY 12, 1991	713-780	0-537.		Int	tle					

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

Date

- 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.

Telephone No.

- 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.

	NO. OF COPIES RECEIVED								
	DISTRIBUTION SANTA FE	NEW MEX	ICO OIL	CONSERVA	ATION COM	NOICCIN	Form C-104		
	FILE	R	EQUES:	T FOR ALI	LOWABLE			Old C-104 and C-11	
	U.S.G.5.	AUTHORIZATION	N TO TE	DNA TRORZUAS	OH AND	NATUDAL		-1-02	
	LAND OFFICE	RECEIVED !	37	7	OIL MIND	NATURAL	GAS		
	TRANSPORTER GAS V	f							
	OPERATOR	MAY 2 1 1986	6						
I.	PRORATION OFFICE	0. c. o.							
	BHP Petroleum Company								
	Address		-						
	1300 One First City C		kas 79	9701					
	Reason(s) for filing (Check proper bo		_		Other (Please	e explain)			
	Recompletion	Change in Transporter Oil	of: Dry C	:as [
	Change in Ownership XX	Casinghead Gas		ensate 🔲					
	If change of ownership give name	Monganto Oil Comp	1′	200 0					
	If change of ownership give name and address of previous owner	rionsanto oli compa	iny, I	300 One 1	irst Cit	ty Center	, Midland, Te	xas 79701	
I.	DESCRIPTION OF WELL AND	LEASE					·		
	Burton Flat Deep Unit	Well No. Pool Name,				Kind of Leas	Se	Lease No.	
	Location Location	JZ East A	valon,	Bone Sp	rings	State, Feder	or Fee Federal	0442882	
	Unit Letter :	330 so	uth		330		west		
	35	Feet From The	L			Feet From	The		
	Line of Section To	ownship 20S	Range	28E	, NMPM,	<u>. </u>	Eddy	County	
ī.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATE	IDAT C	A C					
	Name of Authorized Transporter of Of The Permian Corp.	1 🚰 or Condensate [Address (C	ive address t	o which appro	ved copy of this form i	s to be sent)	
	Name of Authorized Transporter of Co	Permian (Eff. 9 / 1 /87		P. 0.	Box 1183	, Housto	n, Texas 7700	01	
	Phillips Petroleum Con	D. or Div C	ıs 🗀	4001 P	ive address t enbrook.	o which appro	ved copy of this form i Texas 79762	s to be sent)	
	If well produces oil or liquids,	Unit , Sec. Twp.	P.ge.	Is gas actu	ally connecte				
	give location of tanks.	H 2 21S	; 27E	Yes		1	8/7/84		
,	If this production is commingled w	th that from any other lease	or pool,	give commi	ngling order	number:			
, 	COMPLETION DATA	Oil Well G	as Well	New Well	Workover	Deepen	Plug Back Same H		
İ	Designate Type of Completi				1)	I I I I	esty. Diff. Resty.	
	Date Spuddod	Date Compl. Ready to Prod.		Total Dept	n .	_ 	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formatio		Top Oli/Go	Day -				
			•	1000000	is truy		Tubing Depth		
	Perforations				· 		Depth Casing Shoe		
ŀ		TUBING, CAS	INC AND	CENERT	UC DECON		<u> </u>		
	HOLE SIZE	CASING & TUBING		CEMENTI	DEPTH SE		SACKS CE	TAKE NE	
-								D-3	
-							8-1-1	76	
ŀ					··		Chy O	ρ	
	TEST DATA AND REQUEST F		must be a	fter recovery	of total volum	e of load oil	and must be equal to or	/	
	OIL WELL Pate First New Cil Run To Tanks	able :	for this de	pun or de jor	juil 24 hours)			exceed top allou-	
	toto, and they on hom to funks	Date of Test		Producing h	tethod (1 low,	pump, gas lif	i, etc.)		
	Length of Test	Tubing Pressure		Casing Pres	sure		Choke Size		
-	Actual Prod. During Tost		~~~						
	Netwer Proof Daving 1081	OII-Bbla.		Water-Bble	ı		Gam - MCF		
-	······································	J	·	l					
_	GAS WELL			 					
	Actual Fred, Tost-MCF/D	Length of Test		Bbls. Conde	TCMM\etpane		Gravity of Condensati	•	
	Testing Method (puos, back pr.)	Tubing Pressure (Shut-in)		Casing Pres	sure (Ehut-1	ln)	Choke Size		
L								į	
. (CERTIFICATE OF COMPLIANC	Œ			OIL CO	ONSERVA	TION COMMISSIC)N	
Ţ	because certify that the sules and a			APPROV	'ED	.1111 2	8 1986	10	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with end that the information given above is true and complete to the best of my knowledge and belief.			l						
41	oore is tide and complete to the	pest of my knowledge and	belief.				al Signed By		
-	(TITLE_		Les A	. Clements		
12 Bours				Supervisor District II This form is to be filed in compliance with RULE 1104.					
_	(Signis			If this is a request for allowable for a newly drilled or despensed well, this form must be accompanied by a tabulation of the dayletich					
	D. E. Brown - Manager S			toats take	on on the we	ill in accord	ance with RULE 11	1.	
	April 30 1086	e)				ils form mus mpietod wel	t be filled out complie.	staly for allow-	
_	April 30, 1986	e <i>j</i>					III, and VI for cha		
	(1/41	-,	li	went name	er number, (or manaporte	n or other such chan;	ge of Condition.	