

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

OIL CONSERVATION DIVISION

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

RECEIVED

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

JUL 22 1991

O. C. D.

ARTESIA OFFICE

I. Operator BHP PETROLEUM (AMERICAS) INC.

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>32</u>	Pool Name, Including Formation <u>AVALLON BONE SPRING, EAST</u>	Kind of Lease <u>State, Federal</u>	Lease No. <u>0442882</u>
Location Unit Letter <u>M</u> : <u>330</u> Feet From The <u>S</u> Line and <u>330</u> Feet From The <u>W</u> Line Section <u>35</u> Township <u>20 S</u> Range <u>28 E</u> , <u>NMPM</u> , <u>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>H</u>	Sec. <u>2</u>	Twp. <u>20S</u>	Rge. <u>28E</u>
Is gas actually connected?		When?		
YES		08-07-84		

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 <u>posted ID-3 7-26-91</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF <u>6.4 kg 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
JUL 23 1991

Date Approved _____
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.

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		✓
FILE		✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	✓
	GAS	✓
OPERATOR		✓
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED BY
MAY 21 1986
O.C.D.
ARTESIA, OFFICE

Operator BHP Petroleum Company Inc.	
Address 1300 One First City Center, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name and address of previous owner Monsanto Oil Company, 1300 One First City Center, Midland, Texas 79701

Lease Name Burton Flat Deep Unit		Well No. 32	Pool Name, including Formation East Avalon, Bone Springs	Kind of Lease State, Federal or Fee Federal	Lease No. 0442882
Location					
Unit Letter M	330	Feet From The south	Line and 330	Feet From The west	
Line of Section 35	Township 20S	Range 28E	NMPM, Eddy County		

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corp.		Permian (Eff 9 / 1 / 87)		Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Corp.				Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762	
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 2	Twp. 21S	Rge. 27E	Is gas actually connected? When Yes 8/7/84

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

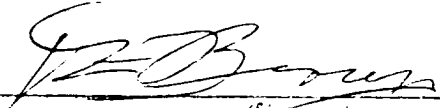
Designate Type of Completion - (X)		Oil Well	Gas well	New Well	Workover	Deepen	Plug Back	Same Res't	Diff. Res't
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
Perforations				Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
				Past ID-3					
				8-1-86					
				Chg Op					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF

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

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)
D. E. Brown - Manager Southwestern Region
(Title)
April 30, 1986
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 28 1986, 19

BY Original Signed By
Les A. Clements
Supervisor District II

TITLE

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 110.

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.