

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL ☒ GAS ☐
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1/1/84

NOV 14 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 ☐	Other (Please explain)

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. Pool Name, including Formation 36 E. Avalon - Bone Springs	Kind of Lease State, Federal or Fee	Lease No. L-6523
Location Unit Letter P ; 3300 Feet From The S Line and 660 Feet From The E			
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 ☒ or Condensate ☐ The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) PO Box 1183, Houston, Texas 77001		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ 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? Yes	
		When 11/1/84	

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. ☐
Date Spudded 9/29/84	Date Compl. Ready to Prod. 10/26/84		Total Depth 5606		P.B.T.D. 5546			
Elevations (D.F., RKB, RT, GR, etc.) 3210' GR	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 5456		Tubing Depth 5344			
Perforations 5-156-5-178					Depth Casing Shoe 5606			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		600		600			
12 1/4	8 5/8		2639		1400			
7 7/8	5 1/2		5604		850			
	2 7/8		5344					

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)

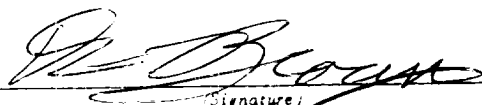
Date First New Oil Run To Tanks 11/1/84	Date of Test 11/11/84	Producing Method (Flow, pump, gas lift, etc.) Flowing (GOR 3292)	
Length of Test 24	Tubing Pressure 280	Casing Pressure --	Choke Size 12/64
Actual Prod. During Test	Oil-Bbls. 96	Water-Bbls. 1	Gas-MCF 316

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

11/13/84

OIL CONSERVATION COMMISSION

NOV 21 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.