

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

## NEW MEXICO OIL CONSERVATION COMMISSION

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

RECEIVED BY	REQUEST FOR ALLOWABLE
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	AND
JAN 17 1985	
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)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Requesting test allowable of 1000 bbls for January 1985.	

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. 37	Pool Name, including Formation East Avalon - Bone Spring	Kind of Lease State, Federal or Fee	Lease No. L-3568
Location				
Unit Letter X/2	1980	Feet From The South	Line and 660	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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 R	Sec. 2
	Twp. 21S	Rge. 27E
	Is gas actually connected? When NO	

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded 11/2/84	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 3015 - 3030		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 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 - Bbls.	Water - Bbls.	Gas - MCF

## 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

(Title)

January 16, 1985

(Date)

## OIL CONSERVATION COMMISSION

APPROVED JAN 21 1985, 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.