

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

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

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

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Joel B. Burr, Jr.	Well API No. 30-045-25468
Address P.O. Box 50, Farmington, NM 87499	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain) <input type="checkbox"/>	
If change of operator give name and address of previous operator _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Foothills	Well No. 1	Pool Name, including Formation Undes. Fruitland Sand	Kind of Lease State, Federal or Fee	Lease No. NM 648576
Location Unit Letter <u>K</u> : <u>1560</u> Feet From The <u>South</u> Line and <u>1570</u> Feet From The <u>West</u> Line Section <u>19</u> Township <u>30N</u> Range <u>12W</u> , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas	P.O. Box 990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ? Yes 10/82

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
		X				X		
Date Spudded 10/08/82	Date Compl. Ready to Prod. 10/05/92	Total Depth 2070'	P.B.T.D. <u>1840' 1875'</u>					
Elevations (DF, RA, RT, GR, etc.) 5810 GL	Name of Producing Formation Undes. Fruitland	Top Oil/Gas Pay 1542'	Tubing Depth 2070'					
Perforations 1542' - 1554'			Depth Casing Shoe 2070'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
	7	106	43 y.					
	2 7/8	2053	456 y.					

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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
OIL CON. DIV DIST. 3			

GAS WELL

Actual Prod. Test - MCF/D 215	Length of Test 48 hrs	Bbls. Condensate/MMCF NA	Gravity of Condensate NA
Testing Method (pilot, back pr.) Dry Flow Sales Meter	Tubing Pressure (Shut-in) NA	Casing Pressure (Shut-in) 585 p.s.i.	Choke Size 1/4"

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 Joel B. Burr, Jr. Owner
Printed Name Joel B. Burr, Jr. Title (505) 325-1701
Date 10/05/92 Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved NOV 10 1992

By Barry J. Chang

SUPERVISOR DISTRICT #3

Title _____

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) Form C-104 must be filed for each well to establish permanent record.

