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| TRANSPORTER            | OIL / |
|                        | GAS / |
| OPERATOR               | /     |
| PRORATION 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 1-1-65

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JUL 30 1969

I. Operator **Burham Oil Company** ✓

Address **Box 162, Artesia, New Mexico**

Reason(s) for filing (Check proper box)

|  |   |                                     |
|--|---|-------------------------------------|
| New Well <input type="checkbox"/>            | Change in Transporter of:               | Other (Please explain)              |
| 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"/> |

*from Continental*

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

|                       |                                       |                                      |                          |
|-----------------------|---------------------------------------|--------------------------------------|--------------------------|
| Lease No. <b>1</b>    | Location <b>Artesia</b>               | Kind of Lease <b>State</b>           | Lease No. <b>B-11540</b> |
| Location <b>D</b>     | <b>330</b> Feet From The <b>North</b> | <b>330</b> Feet From The <b>West</b> |                          |
| Unit Letter <b>22</b> | Line and <b>18S</b>                   | Range <b>28E</b>                     | County <b>Eddy</b>       |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |   |
|--|---|
| Authorized Transporter of Oil <b>Navajo Refining Company Pipe Line Division</b>                                  | Address <b>North Freeman Avenue, Artesia, New Mexico</b>                  |
| Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address <b>Phillips Building, 4th and Washington, Artesia, New Mexico</b> |
| If well produces oil or liquids, give location of tanks. <b>D Unit 22 sec. 18 wp. 28 Ege.</b>                    | Is gas naturally connected? <b>Yes</b>                                    |

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 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 (pitot, 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.

*Ruby Parker*  
 Accountant (Signature)

7-28-69 (Title)

(Date)

OIL CONSERVATION COMMISSION

JUL 31 1969

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY *W. A. Gressett*  
 OIL AND GAS INSPECTOR

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 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.