

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

DISTRICT II
 Drawer DD, Artesia, NM 88210

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

Operator UMC Petroleum Corporation		Well API No. 30-015-21498
Address 410 17th Street, Suite 1400, Denver, CO 80202		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator General Atlantic Resources, Inc. 410 17th ST., STE 1400, Denver, CO 80202

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>16895</u> Burton Flat DEEP UNIT	Well No. 14	Pool Name, including Formation <u>73280</u> Morrow BURTON FLAT MORROW	Kind of Lease State , Federal or Other	Lease No. 891012391A
Location				
Unit Letter <u>M</u>	: 3285	Feet From The <u>South</u>	Line and <u>665</u>	Feet From The <u>West</u> Line
Section <u>2</u>	Township <u>21S</u>	Range <u>27E</u>	<u>NMPM</u> , <u>Eddy</u> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <u>Scurlock-Permian 991810</u>	<input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4648, Houston, TX 77210-4648
Name of Authorized Transporter of Casinghead Gas <u>GPM 991830</u>	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 5050, Bartlesville, OK 74005-5050
If well produces oil or liquids, give location of tanks.	Unit <u>2</u> Sec. <u>21S</u> Twp. <u>27E</u>	Is gas actually connected? <u>YES</u> When?

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)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED MAR 29 1995 OIL CON. DIV. SACKS CEMENT DIST. 2 </div>				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay						
Perforations		Tubing Depth						
		Depth Casing Shoe						

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 bc 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

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.

Jim Lee Wolfe
 Signature
 Jim Lee Wolfe / Vice President Operations
 Printed Name
 3/17/95
 Date
 (303) 573-5100
 Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 29 1995

By _____
 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.