

C/S
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OIL CONSERVATION DIVISION

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

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

JAN 19 1994

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

| | |
|---|---|
| Operator PRESIDIO OIL COMPANY | Well API No. 3001524499 |
| Address 5613 DTC PARKWAY SUITE 750 P.O. Box 6525 ENGLEWOOD, CO 80155-6525 | |
| 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 EXXON CORP., P. O. BOX 1600 MIDLAND, TX 79702 | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------------|--|--|------------------------------|
| Lease Name BURTON FLAT B FEDERAL | Well No. 1 | Pool Name, Including Formation AVALON - BONE SPRINGS, EAST | Kind of Lease State, Federal or Fee FEDERAL | Lease No. NM 46275 |
| Location Unit Letter E : 1562 Feet From The NORTH Line and 560 Feet From The WEST Line Section 1 Township 21S Range 27E , NMPM, EDDY County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Scurlock Permian Corporation | P.O. Box 4648, Houston, TX 77210-4648 |
| 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) |
| GPM Gas Corporation | Box 5050, Bartlesville, OK 74005 |
| If well produces oil or liquids, give location of tanks. | Is gas actually connected? When? |
| Unit E Sec. 1 Twp. 21S Rge. 27E | Yes Unknown |

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 |
|-------------------------------------|-----------------------------|------------------|--------------|----------|--------|-----------|------------|------------|
| Late 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 | | | | | |
| | | | COATED ID 3 | | | | | |
| | | | 2-4 64 | | | | | |
| | | | chg. cp. | | | | | |

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 |

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. 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.

D. Steven Tipton
Signature **Mid-Continent & Gulf**
D. Steven Tipton, P.E. Coast Oper. Mgr.
Printed Name Title
11/02/93 **303/850-1980**
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JAN 28 1994**
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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.