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OPERATOR
PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE

Form No. 1
Revised 1-76

AUTHORIZATION FOR OIL AND NATURAL GAS

1.

Operator	R. L. BURNS CORP.	
Address	5110 FIRST INTERNATIONAL BLDG., DALLAS, TEXAS 75270	
Reason(s) for change (check proper box)	Other (Please explain)	
New Well ☐	Change in Transporter of:	
Recompletion ☐	Oil ☒	Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐	Other ☐

If change of operator, give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including all fields	Kind of Lease
STATE 30	1	BAUM (UPPER PENN)	State, Federal or Fee STATE K-6207
Location	Unit Letter E	1980 Feet From The North	660 Feet From The West
Line of Section 30	Township 13-S	Range 33-E	NMFM, Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil XX	or Condensate	Address (Give address to which approved copy of this form is sent)				
THE CRUDE COMPANY		909 S. Meridian, Suite 416, Okla. City, Okla. 73101				
Name of Authorized Transporter of Casinghead Gas X	or Dry Gas	Address (Give address to which approved copy of this form is sent)				
WARREN PET.		P.O. BOX 1589, Tulsa, Okla. 74102				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	E	30	13-S	33-E	Yes	11/10/76

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	Other
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Elevations (D.B., RAB, RT, CR, etc.)	Name of Producing Formation	Top of Gas Pay	Tubing Depth				
Perforations	Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS OF 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 greater than 10% of total volume of load oil for the test period (full 14 hours))

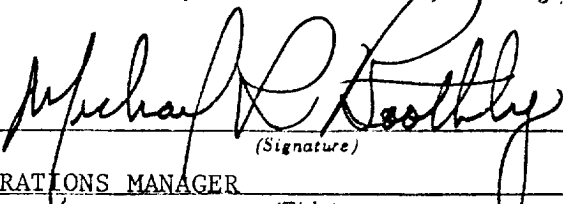
Date First New Oil Run To Tanks	Date of Test	Flowing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

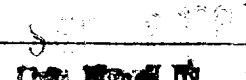
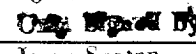
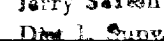
Actual Prod. Test - MCF/D	Length of Test	Grav. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.


(Signature)
OPERATIONS MANAGER
(Title)
AUGUST 25, 1981
(Date)

OIL CONSERVATION COMMISSION

APPROVED , 1981
BY 
Jerry Sexton
TITLE 
Dir. L. Supv.

This form is to be filed in compliance with RULE 111.
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.