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NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AUTHORIZATION FOR TRANSPORT OIL AND NATURAL GAS

OPERATOR	
PRORATION OFFICE	

I. Operator

R. L. BURNS CORP.

Address

5110 FIRST INTERNATIONAL BLDG., DALLAS, TEXAS 75270

Reason(s) for filing (Check proper box) — Other (Please explain)

New Well		Change in Transporter of:	
Recompletion		Oil	X
Change in Ownership		Casinghead Gas	
		Dry Gas	
		Condensate	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	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 Line and 660 Feet From The West

Line of Section 30 Township 13-S Range 33-E , NMPM, Lea County

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 to be sent)
THE CRUDE COMPANY	909 S. Meridian, Suite 416, Okla.City, Okla.7310
Name of Authorized Transporter of Casinghead Gas X or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
WARREN PET.	P.O. BOX 1589, Tulsa, Okla. 74102

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	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	Same Reservoir	Diff. Res.

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 (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)

OIL WELL

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.

Michael C. Loathly

(Signature)

OPERATIONS MANAGER

(Title)

AUGUST 25, 1981

(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 8 1981, 19

BY Original Signed By Jerry Sexton

TITLE Dist. I, Supv.

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.