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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO PRODUCE OIL AND NATURAL GAS

Form 1-100
5-1-78
Oil Conservation Commission

Operator
R. L. BURNS CORP.
Address
5110 FIRST INTERNATIONAL BLDG., DALLAS, TEXAS 75270
Reasons for filing (check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	STATE '32' <i>Com</i>	Well No.	#1	Pool Name, including Formation	BAUM (UPPER PENN)	Kind of Lease	State, Federal or Fee	STATE	L-5371
Location									
Unit Letter	E	1980	Feet From The	North	Line and	660	Feet From The	West	
Line or Section	32	Township	13-S	Range	33-E	NMPM,	Lea	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	SUMMIT GAS CO.	Address (Give address to which approved copy of this form is sent)	405 ENTEX BLDG., HOUSTON, TEXAS 77002				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	WARREN PETROLEUM	Address (Give address to which approved copy of this form is sent)	P. O. BOX 1589, TULSA, OKLAHOMA 74102				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When	
	E	32	13-S	33-E	Yes	Oct. 5 , 1980	

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	Time Log
Date Spaced	Date Compl. Ready to Prod.	Test Depth	P.B.T.D.				
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Test 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 flow 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.

Michael R. Roathley
(Signature)
DISTRICT PRODUCTION MANAGER
(Title)
November 18, 1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED *NOV 21 1980*, 19
BY *Jerry Sexton* Orig. Signed by
TITLE *Dist. L. Supv.*

This form is to be filed in compliance with RULE 110.
If this is a request for allowable for a newly drilled or leased well, this form must be accompanied by a tabulation of the available 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.