

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

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

DISTRIBUTION			
ANTAFE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

I. Operator  
**Burleson and Huff**  
Address  
**P. O. Box 935, Midland, Texas 79701**  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain) **SEE MUST NOT BE**  
**5/24/74**

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Cinco de Mayo</b>	Well No. <b>2</b>	Pool Name, including Formation <b>Shinnery</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>NM-0392867</b>
Location Unit Letter <b>E</b> <b>1980</b> Feet From The <b>North</b> Line and <b>660</b> Feet From The <b>West</b> Line of Section <b>24</b> Township <b>18-S</b> Range <b>32-E</b> <b>NMPM</b> <b>Lea</b> 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"/> <b>The Permian Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1183, Houston, Texas 77001</b>				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>None</b>	Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit <b>C</b>	Sec. <b>24</b>	Range <b>18</b>	Is gas actually connected? <b>No</b>	When <b>Maybe Phillips</b>

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded <b>March 1, 1974</b>	Date Compl. Ready to Prod. <b>March 24, 1974</b>		Total Depth <b>4311</b>		P.B.T.D. <b>4311</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3788 GR</b>	Name of Producing Formation <b>Queen Sand</b>		Top Oil/Gas Pay <b>3998</b>		Tubing Depth <b>3950</b>			
Perforations <b>1 per foot, 3998, 4005, 4012, 4022, 4024, 4252, 4254 &amp; 4256</b>					Depth Casing Shoe <b>4311</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE <b>13-3/8"</b>	CASING & TUBING SIZE <b>10-3/4"</b>		DEPTH SET <b>328</b>		SACKS CEMENT <b>325 sx-circulated</b>			
<b>7-7/8</b>	<b>5 1/2 &amp; 4 1/2</b>		<b>4311</b>		<b>150 sx</b>			

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 Tanks <b>March 24, 1974</b>	Date of Test <b>March 26, 1974</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>24</b>	Tubing Pressure <b>0</b>	Casing Pressure <b>Packer</b>	Choke Size <b>-</b>
Actual Prod. During Test	Oil-Bbls. <b>82</b>	Water-Bbls. <b>10</b>	Gas-MCF <b>59.04</b>

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.

  
(Signature)

Partner

(Title)

March 28, 1974

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY 

TITLE \_\_\_\_\_

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.

Separate Form C-104 must be filed for each pool in multiple