

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			
SANTA FE			
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)
**CASING HEAD GAS LIFT NOT BE
RECOMPLETED 5/3/75**

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cinco de Mayo	Well No. 3	Pool Name, including Formation Shinnery Queen	Kind of Lease State, Federal or Fee Federal	Lease No. 0392867
Location Unit Letter D : 990 Feet From The North Line and 990 Feet From The West Line of Section 24 Township 18S Range 32E , NMPM, 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"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Midland, Texas			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma			
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 21	Twp. 18S	Rge. 32E
Is gas actually connected?			When Waiting on Gov. appl for right of way	

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8-7-1974	Date Compl. Ready to Prod. 3-3-1975	Total Depth 4285	P.B.T.D. 4244					
Elevations (DF, RKB, RT, GR, etc.) 3797 DF	Name of Producing Formation Queen	Top Oil/Gas Pay 3964	Tubing Depth 4244					
Perforations 3989, 3990, 4000, 4001, 4002, 4010, 4011, 4012			Depth Casing Shoe 4244					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 13-3/4	CASING & TUBING SIZE 10-3/4		DEPTH SET 390		SACKS CEMENT 100 cire			
6-1/4	4-1/2		4244		400			

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 3-3-75	Date of Test 3-3-75	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 39	Oil-Bbls. 39	Water-Bbls. 5	Gas-MCF 9

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 10, 1975

(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 Forms C-104 must be filed for each pool in multiple