

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

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-1
Effective 1-1-65

I.

Operator Burleson & Huff	
Address Box 2479, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Anadarko Federal	Well No. 6	Pool Name, including Formation Querecho Plains Queen	Kind of Lease State, Federal or Fee Federal	Lease No. NM-6863
Location				
Unit Letter <u>N</u> <u>990</u> Feet From The <u>south</u> Line and <u>1650</u> Feet From The <u>west</u>				
Line of Section <u>27</u> Township <u>18-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, Texas 77001			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma 74004			
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 27	Twp. 18	Rge. 32
				Is gas actually connected? yes
				When 6-27-76

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 <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'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 3-1-76 (Elk)	Date Compl. Ready to Prod. 6-27-76	Total Depth 4870		P.B.T.D. 4000					
Elevations (DF, RKB, RT, GR, etc.) 3722 GR	Name of Producing Formation Queen	Top Oil/Gas Pay 3901		Tubing Depth 3900					
Perforations 4030-46 7 shots - water - BP @ 4000 Perf. 3901, 3902, 3906, 3908, 3920, 3931 & 3932				Depth Casing Shoe 4876					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
11-3/4	8-5/8		325		150 sx - circ.				
7-5/8	4-1/2		4877		600 sx				
	2-3/8		3900						

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 6-25-76	Date of Test 6-27-76	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 hours	Tubing Pressure 0	Casing Pressure 125	Choke Size -
Actual Prod. During Test	Oil-Bbls. 20	Water-Bbls. 55	Gas-MCF 24

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.

T. D. Huff
(Signature)
Co-Owner
(Title)
July 2, 1976
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 2 1976, 19
BY [Signature]
TITLE SUPERVISOR DISTRICT

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.

Supersedes Form C-104 must be filed for each well in multiple