Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TR	ANS	POF	₹T OI	IL AND N	ATURA	LG	AS	•			
Operator										ell API No.			
Burgundy Oil & Gas o	f New Mex	xico,	Inc	•						·	· · · · · · · · · · · · · · · · · · ·		
401 W. Texas, Suite	1003 1	Midlar	.a '	ኮ ል ሜ ብ		79701							
Reason(s) for Filing (Check proper box		ilulai	10,	Texa	15 /		ther (Pleas	e expl	аіл)				
New Well		Change i	n Trans	sporter	of:		(·	,				
Recompletion	Oil		Dry										
Change in Operator X	Casinghead	d Gas	Cond	densate	<u> </u>	Ef	fectiv	e 5	-1-92				
If change of operator give name and address of previous operator	ARCO Oil	L & Ga	s Co	ompa	ny,	P.O. Box	<u> 1610</u>	, M	idland	l, TX 79	702	·	
II. DESCRIPTION OF WEL										,		=	
Lease Name	, Includ	ding Formation Kind				id of Lease	of Lease No.						
State Vacuum Unit	008 . Vacuum Gr					ayburg San Andres Sinc				ie Federal or Fe	Federal or Fee E-1447		
Location	1 (2001				·		1 0	001				
Unit Letter F	::	980 <u>'</u>	_ Fect l	From 7	The N	orth Li	ne and	1,9	80'	Feet From The	West	Line	
Section 032 Township 17S Range 34E NMPM, Lea											County		
III DECIGNATION OF TRA	Nononen												
III. DESIGNATION OF TRA		or Conden		ND N	IATU		ve address	10 11/2	ich annau	ed copy of this	Communicate has a		
Texas-New Mexico Pipeline								NM 882		'eni)			
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)							
GPM Gas Corporation If well produces oil or liquids, Unit Sec. Twp. Re						4044 Pe		762					
If well produces oil or liquids, Unit Sec. Twp. R give location of tanks. L 032 178 3						is gas actual	-	d?	Wh	en? March 195	<i>.</i>		
If this production is commingled with tha										aren 195			
IV. COMPLETION DATA	 	ı 											
Designate Type of Completion	1 - (X)	Oil Well	ŀ	Gas W	√eli	New Well	Workov	er	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.					Total Depth				P.B.T.D.	I		
						T- 0907 B				_			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay				Tubing Dep	Tubing Depth		
Perforations										Depth Casin	Depth Casing Shoe		
1	TUBING, CASING AND												
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET				s	SACKS CEMENT		
										-			
V. TEST DATA AND REQUE	ST FOR AL	LOWA	DIE										
					l must t	be equal to or	exceed top	allow	able for th	is denth or be fo	or full 24 hour	re)	
Date First New Oil Run To Tank Date of Test						t be equal to or exceed top allowable for this depth or be for full 24 hows.) Producing Method (Flow, pump, gas lift, etc.)							
I work of Total													
Length of Test	Tubing Pressure					Casing Pressur	re			Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.					Water - Bbls.				Gas- MCF	Gas- MCF		
GAS WELL													
Actual Prod. Test - MCF/D	Length of Test					Bbls. Condensate/MMCF				Gravity of Co	Gravity of Condensate		
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)						Casing Pressure (Shut-in)				Choke Size	Choke Size		
rooming i resource (State-III)						and the second construit,							
VI. OPERATOR CERTIFIC	ATE OF C	OMPL	JAN	CE					·				
I hereby certify that the rules and regulations of the Oil Conservation						C	IL CC	NS	SERV.	ATION E	DIVISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						Data	A			31.00	2 2 '92		
l 12/						Date.	Approv	/ea		19:74 L	~ ~ ∪ €		
Den /aylor						Rν	٠		,	· 13-2			
Signature Ben D. Taylor Vice President						<u> </u>				· · · · · · · · · · · · · · · · · · ·			
Printed Name Title 5-1-92 (915) 684-4033						Title_							
Date	(913	7 (16) Teleph			-								
	سند سيسم												

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.