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, Anesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator								Well API No.			
Burgundy Oil & Gas of New Mexico, Inc.								<u> </u>			
401 W. Texas, Suite 1	.003	Midland	i, T	exas 7	9701						
Reason(s) for Filing (Check proper box)					Oil	er (Please expi	lain)				
New Well											
Recompletion	Oil		Dry G	ias 🗌	Effect	ive 5-1-	92				
Change in Operator X	Casinghea		Conde							•	
If change of operator give name and address of previous operator					P.O. Box	1610, M	idland,	Texas	79702		
II. DESCRIPTION OF WELL							·	,			
Lease Name	Name. Includ	ling Formation Kind			of Lease No.						
State Vacuum Unit	1 01 / 1								Federal or Fee E-1448		
Location		l		dum ord	yourg be	III IIIIGI CO	·			1440	
	_ :1,	,980¹	Fect F	rom The	South_Lin	e and <u>1,98</u>	<u>0'</u> F	eet From The	East	Line	
	ip 17S			34E		мрм, Lea				County	
						virin, Bea	·			County	
III. DESIGNATION OF TRAN	Address (Give address to which approved copy of this form is to be sent)										
Texas-New Mexico Pipe	Name of Authorized Transporter of Oil Texas-New Mexico Pipeline Texas-New Mexico Pipeline					P.O. Box 2528, Hobbs, NM 88241-2528					
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					4044 Penbrook, Odessa, TX 79762						
If well produces oil or liquids, give location of tanks.					Is gas actually connected? When						
<u></u>	1 L 1	032	<u>17S</u>) yes			March	1954		
If this production is commingled with that IV. COMPLETION DATA	from any our	ericase or p	001, gi	ve comming	ing order num	per:					
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		ol. Ready to	Prod.		Total Depth		J	P.B.T.D.	1		
Elevations (DF, RKB, RT, GR, etc.)	ns (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
Perforations											
renorations								Depth Casing Shoe			
	T	UBING, O	CASII	NG AND	CEMENTIN	NG RECOR	D	!			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
	<u> </u>										
V. TEST DATA AND REQUES	T FOR A	LLOWA	RIF					<u> </u>			
OIL WELL (Test must be after r				oil and must	be equal to or	exceed top allo	wable for this	depth or be t	for full 24 hour	x.)	
Date First New Oil Run To Tank	Date of Tes				Producing Me				<u> </u>		
Length of Test	T. Via a Transmiss				Casing Pressure			Choke Size			
Length of Tex	Tubing Pressure			Casing Pressure							
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL	.l							I			
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. OPERATOR CERTIFIC I hereby certify that the rules and regula	ations of the C	Dil Conserva	tion		C	IL CON	SERVA	NOITA	OIVISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date ApprovedMAY 2 2 '92						
Ben Taylor-					Dale	~hhi ovec	4				
Signature					By ORIGINAL SPEARS BY SERRY SEXTON						
Ben D. Taylor Vice President Printed Name Title					Title						
5-1-92 (915) 684-4033					litle_						
Date		i eleph	one N	υ.							

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 pxol in multiply completed wells.

RECEIVED

WAY 20 1992

OCD HOBBS OFFICE