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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

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

OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

ī.		ABLE AND AUTHORIZATION	ON
Operator	TO THANSPORT O	DIL AND NATURAL GAS	Well API No.
Burgundy Oil & Gas of New Mexico, Inc.			3-11-0-11
401 W. Texas, Suite		79701	
Reason(s) for Filing (Check proper box	)	Other (Please explain)	
New Well	Change in Transporter of:	· •	
Recompletion X	Oil	Effective 5-1-92	
	Casinghead Gas Condensate		
If change of operator give name and address of previous operator	ARCO Oil & Gas Compa	ny, P.O. Box 1610, Mic	dland, Texas 79702
II. DESCRIPTION OF WELI Lease Name	L AND LEASE Well No.   Pool Name, Inclu	ding Comption	
State Vacuum Unit	1 1		Lease No.
Location	old   vacuum Gl	ayburg San Andres	E-1448
Unit LetterL	: 2,310 Feet From The _	South Line and 990'	Feet From The West Line
Section 032 Towns	hip 17S Range 34E	, NMPM, Lea	County
III. DESIGNATION OF TRA	NSPORTER OF OIL AND NATU	JRAL GAS	·
Texas-New Mexico Pipe	or Condensate	Address (Give address to which appropriate P.O. Box 2528, Hobbs	oved copy of this form is to be sent)
Name of Authorized Transporter of Casi		Address (Give address to which appro	oved copy of this form is to be sent)
GPM Gas Corporation  If well produces oil or liquids,	Unit Sec. Twp. Rge.	4044 Penbrook, Odess	a, TX 79762
give location of tanks.	L 032 17S 34E	yes	March 1954
If this production is commingled with tha IV. COMPLETION DATA	t from any other lease or pool, give comming	gling order number:	
Designate Type of Completion	Oil Well Gas Well	New Well Workover Deepe	n Plug Back Same Res'v Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
HOLE SIZE	TUBING, CASING AND		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			•
V. TEST DATA AND REQUE			
OIL WELL (Test must be after recovery of total volume of load oil and must  Date First New Oil Run To Tank  Date of Test		be equal to or exceed top allowable for this depth or be for full 24 hows.)  Producing Method (Flow, pump, gas lift, etc.)	
	Date of Tex	Producing Method (Plow, pump, gas ly	π, εις.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
GAS WELL		L	
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
III Open i mon ann	<u> </u>	1	
VI. OPERATOR CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above		OIL CONSERVATION DIVISION	
is true and complete to the best of my knowledge and belief.		Date Approved MAY 2 2 '92	
Ro Tol		Date Approved	MITH A A OE
Signature / Auglor		By DEGINAL SAGNED BY MERRY SENTON	
Ben D. Taylor Vice President		FISH CHET I THAN INVIDEN	
Printed Name 5-1-92	Title (915) 684–4033	Title	
Date	(915) 684-4033 Telephone No.		

## 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.

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