	-						
NO. OF COPIES RECEIVED							
DISTRIBUTION	A NEW MEXICO OIL CONSERVATION COMMISSION Form C+104						
SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-1				
FILE		AND	Effective 1-1-65				
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GA	45				
LAND OFFICE							
TRANSPORTER							
GAS							
OPERATOR							
I. PRORATION OFFICE	·						
hyperritor	CONOCO INC.						
Addition							
	P. O. Box 460, Hobbs, N.M. 88	3240					
Reason(s) for tiling (Check proper box							
liew weth		Request allow	able assignment myleted will				
Hercim; lettion	Cil Drv Ga	, c g					
Change II. Gwnershij	Cantonican and Conter	ane Tel spinle con	moletal Well				
		- je- rew cy ce.	- provers				
If change of ownership give nume	THE WILL HAS DEEN						
and address of previous owner	HUMBER STREET	=====================================					
I. DESCRIPTION OF VELL AND		R-6274					
Le me lime	Article Barrier Barrier Briefer Blag Ba	eraution Kind of Loring	Leinger Din.				
Bunser 15-20	Blueben	1470 State Federal	Crifice 660316-7066				
Location//							
Medicherine F 198	O post inco the North the	e and 1980 Front Prom. TI	he West				
		2015					
Line of Contion 20 The	onsing 20 -S exercise	SSC , NMPM, JE	County				
I. DESIGNATION OF TRANSPOR	FER OF OIL AND NATURAL GA						
 Jimme of Actionized Transporter of CL 	or Condensate U	Address (Give address to which approve	ed copy of this form is to be sent?				
Convio, and c	unface Mangalaters	Hobby land	leker				
Liame of Autherized Transporter of Jan	andrate has X strict Gas	Additions (true ddaress to which approve	ed copy of this form is to be sent)				
Warren Petrolei	um CO.	Hobos Men	Mexico				
If well produces (if or libudo,	$= \frac{1}{1000} = \frac$	Is gas actually connected? When	11-11-70				
give legation of lanks.	F 20 205 38E	102	11-10-14				
If this production is commingled wi	th that from any other lasse or pool,	give commingling order number:					
V. COMPLETION DATA	Gris Well	New Well/ Workswer Deepen	Plug Back Some Resty, 'Diff. Ben				
Designate Type of Completic		A A A A A A A A A A A A A A A A A A A	Pring Follow Control Control Print				
	$ \rightarrow $						
Date Spudded	Date Compl. Heady Differed.	Total Depth 673.5	P.B.T.D.				
Elevations (DF, REB, RT GR)uc.,	10-17-79	Cill/Gas Pay	Tubing Depth				
			Carling Loopin 6220				
<u>355/</u> Pertorations	Blinely	58.56	Depth Cesting Shee				
5828	-5909						
		CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
	the second se		530				
1274	95/8	1440	1698				
<u>8 374'</u>		$\frac{67}{6220}$	<u> </u>				
	;;;;;;;;;-						
V. TEST DATA AND REQUEST F OIL WELL	OK ALLOWABLE (Lest must be a able for this de	fter recovery of total volume of load cit a option of be for full 24 hours)	nd must be equal to or exceed top allow				
1) 11. HE4.12 1. ite First New Cil Run To Trinks	Easte of Test	Producting Method (Flow, pemp, pas lift	, etc.)				
9-27.29	11-27-29	\sim	Funs				
Length of Test	Tubing Pressure	Casing Prozeute	Choke Size				
24	20	25	NIC				
Actual Prod. During Test	Oil-Bels.	Water-Bbis.	Gae - MCF				
	42	$\mathcal{A}($	155				
۱ <u>ــــــــــــــــــــــــــــــــــــ</u>			cap - c =				
GAS WELL		(-0R-3605				
Actual Pred. Test-MCF/D	Longth of Tost	Bbls. Condensate/MMCF	Gravity of Condensate				
Teating Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Freesure (Shut-in)	Choke Size				
/I. CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION				
		I MOVALS	10.20				
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED IVUVJU	, 19				
		1 leans	a lon-				
		BY Y GG					
		TITLE SUPERVISOR DISTRICT					
			ampliance with put a stat				
Ben A. Lic		This form is to be filed in co	ompliance will RULE 1104.				
Ben A. Lic (Signature)		If this is a request for allowable for a newly drilled or deepene, well, this form must be accompanied by a tabulation of the deviation					
		tests taken on the well in accordance with RULE 111.					
Administrative Supervisor (Tirle) NCV 2 9 1979 (Late)		All sections of this form must be filled out completely for allow able 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.					
				(L)	and the second		be filed for each pool in multiply
						completed wells.	

CLINATION REPORT

OPERATOR Conoco Incorporated ADDRESSPO Box 460, Hobbs, New Mexico 88240

LEASE NAME Burger B-20

5

WELL NO. 1 FIELD

LOCATION Section 20, T-205, R-38E, Lea County, New Mexico

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
455	1/2	3.9585	3.9585
759	1/4	1.3376	5.2961
1259	1	8.7500	14.0461
1440	2	6.3169	20.3630
1601	2	5.6189	25,9819
1925	1 1/2	8.4888	34.4707
2191	1 1/4	5.7988	40.2695
2657	2 - 1/4	18.3138	58.5833
2876	1 3/4	6.6795	65.2628
3124	1 1/4	5.4064	70.6692
3620	1	8.6800	79.3492
4120	1	8,7500	88.0992
4620	1	8.7500	96.8492
4801	1 1/2	4.7422	101.5914
5325	1 1/2	13.7288	115.3202
5825	1 1/4	10.9000	
6056	3/4	3.0261	126.2202
6552		8.6800	129.2463
6735	1		137.9263
0,00	4.	3.2025	141.1288

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

CACTUS DRILLING COMPANY

John Ayes TITLE John Ayers, Office Manager

AFFIDAVIT:

Before me, the undersigned authority, appeared_____ John Ayers known to me to be the person whose name is subscribed herebelow, who, on making deposition, under oath states that he is acting for and in behalf of the operator of the well identified above, and that to the best of his knowledge and belief such well was not intentionally deviated from the true vertical whatsoever.

John Ayen AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the <u>31st</u> day of <u>August</u>, 1979

Notary Public in and for the County

of Lea, State of New Mexico

MY COMMISSION EARINES MANCH 1, 1, 30