

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Bravos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-104
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address BURGUNDY OIL & GAS OF NEW MEXICO, INC. 401 W. Texas Ste. 1003 Midland, Tx. 79701		OGRID Number 003044
		Reason for Filing Code CO, CG 1-1-74
API Number 30-025-26772	Pool Name Grama Ridge Morrow, East (Gas)	Pool Code 77690
Property Code 13832	Property Name San Simon 2 State	Well Number 1

II. Surface Location

UL or lot no. H	Section 2	Township 22S	Range 34E	Lot Idn	Feet from the 2080	North/South Line North	Feet from the 660	East/West line East	County Lea
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Bottom Hole Location

UL or lot no. H	Section 2	Township 22S	Range 34E	Lot Idn	Feet from the 2080	North/South line North	Feet from the 660	East/West line East	County Lea
Lee Code S	Producing Method Code F	Gas Connection Date 1-20-81	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
015694	Navajo Refining Compnay PO Box 159 Artesia, N.M. 88210	2496910	O	
009171	GPM Gas Corporation 4044 Penbrook Odessa, Tx. 79762	2496930	G	

IV. Produced Water

POD 2496950	POD ULSTR Location and Description
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V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: Ben Taylor

Printed name: Ben Taylor

Title: Production Manager

Date: 6-8-94

Phone: 915-684-4033

OIL CONSERVATION DIVISION

Approved by: [Signature]

Title:

Approval Date: OCT 14 1994

If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

Printed Name

Title

Date

RECEIVED

JUN 12 1994

COMMUNITY
RELATIONS

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator BURGUNDY OIL & GAS OF NEW MEXICO, INC.	Well API No. 30-025-26772
Address 401 W. TEXAS SUITE 1003 MIDLAND, TEXAS 79701	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) New Well <input type="checkbox"/> Change in Transporter of: EFFECTIVE 1-1-94 Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator TEXACO E & P INC P.O. BOX 730 HOBBS, NEW MEXICO 88240	

II. DESCRIPTION OF WELL AND LEASE

Lease Name SAN SIMON 2 STATE	Well No. 1	Pool Name, Including Formation GRAMA RIDGE MORROW, EAST (GAS)	Kind of Lease State, Federal or Fee STATE	Lease No. LC-1207
Location Unit Letter H , 2080 Feet From The NORTH Line and 660 Feet From The EAST Line Section 2 Township 22-S Range 34-E , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil TEXACO T & T INC. <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 60628 MIDLAND, TEXAS 79711-0628					
Name of Authorized Transporter of Casinghead Gas TEXACO E & P INC. <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1137 EUNICE, NEW MEXICO 88231					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 2	Twp. 22S	Rge. 34E	Is gas actually connected? YES	When ? 1-20-81

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	Gas Well	New Well	Workover	Deepen	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			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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.)

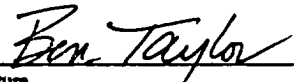
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


Signature BEN TAYLOR PROD. MANAGER
Printed Name 1-1-94 Title 915-684-4033
Date Telephone No.

OIL CONSERVATION DIVISION

JAN 11 1994

Date Approved
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
Title

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.