

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator BURGUNDY OIL & GAS, INC.		Well API No. 30-025-25824
Address 401 W. Texas Suite 1003 Midland, Texas 79701		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: 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 Exploration and Production, Inc. P.O. 730 Hobbs, N.M. 88240-2528		

II. DESCRIPTION OF WELL AND LEASE

Lease Name GETTY "35" STATE	Well No. 1	Pool Name, Including Formation GRAMA RIDGE LOWER BONE SPRING	Kind of Lease State, Federal or Fee	Lease No. 254915
Location Unit Letter K : 2310 Feet From The SOUTH Line and 1650 Feet From The WEST Line Section 35 Township 21S Range 34E , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil NAVAJO	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 110 West Louisiana, Suite 320 Midland, Tx 79701	
Name of Authorized Transporter of Casinghead Gas GPM	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 4044 Penbrook Av., Odessa, Texas 79762	
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 35	Twp. 21S
	Rge. 34E	Is gas actually connected? No When ?	

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		Ton Oil/Gas Pav					
OIL POD 3044	UBING, CASING AND SING & TUBING SIZE		OIL POD 2496210		GAS POD 2496226			
POD 16266			TRANSPORTER 15684		TRANSPORTER			
POD 23111			TRANSPORTER		TRANSPORTER			
EFF 31-2-25-25824			WATER POD 2496256					

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 (puot, 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
Printed Name **Ben Taylor** Title **Prod. Manager**
Date **1-1-94** Telephone No. **915-684-4033**

OIL CONSERVATION DIVISION

Date Approved **DEC 2 5 1994**
By _____
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.