Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Burk Gas Corporation

c/o Oil Reports & Gas Services, Inc., P. O. Box 763, Hobbs, New Mexico

Reason(s) for filing (check proper box) (Please explain)

New Well [ ]
Recompletion [ ] X
Change in Ownership [ ]

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

LC-030187

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
La Munyon Federal	2	Langlie Mattix	Federal	Above

Unit Letter	Feet From The North/South Line	Feet From The East/West Line	Line of Section	Township	Range	County
E	1980 North	660 West	21	23S	37E	Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]: **The Permian Corporation** — Address (to which approved copy of this form is to be sent): **P. O. Box 1183, Houston, Texas 77001**

Name of Authorized Transporter of Casinghead Gas or Dry Gas: **None** — Address (to which approved copy of this form is to be sent):

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	E	21	23S	37E	No - TSTM	

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		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation					P.B.T.D.		
Perforations						Tubing Depth		
						Depth Casing Shoe		

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL

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

GAS WELL

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. CERTIFICATE OF COMPLIANCE

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

(Signature)
Agent
(Title)
May 20, 1975
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

Orig. Signed by
Joe D. Ramey
Dist. I, Supv.

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, it must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, transporter, or other such change of condition.