| or operation | | | |
|------------------|-----|--|---|
| DISTRIBUTION | | | ĺ |
| SANTA FE | | | |
| f LE | | | |
| U.S.G.S. | | | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | | |
| | GAS | | |
| OPERATOR | | | |
| PRORATION OFFICE | | | |
| Operator | | | |

VI.

NEW MEXICO OIL CONSERVATION COMMITTEN REQUEST FOR ALLOWABLE

Form C-104

| f LE | REQUE. | SI FOR ALLOWABLE | Supersedes Old C-104 and C- | |
|--|--|---|--|--|
| U.S.G.S. | ALITHOPIZATION TO T | AND Effective 1-1-65 RANSPORT OIL AND NATURAL GAS | | |
| LAND OFFICE | AUTHORIZATION TO I | RANSPURT OIL AND NAT | URAL GAS | |
| TRANSPORTER OIL | | | | |
| GAS | | | | |
| OPERATOR | | • | | |
| I. PRORATION OFFICE | | | | |
| Operator | | | | |
| Burleson & Huff | | | | |
| | Midland Towns 70701 | | | |
| Reason(s) for filing (Check pr | Midland, Texas 79701 | 10th (0) | | |
| New Well | Change in Transporter of: | Other (Please expl | ain) | |
| Recompletion | | Gas X | | |
| Change in Ownership | | densate | | |
| | | | | |
| If change of ownership give and address of previous own | | | | |
| and address of previous own | | | | |
| II. DESCRIPTION OF WELL | AND LEASE | | | |
| Lease Name | Well No. Pool Name, Including | Formation Kind | of Lease No. | |
| Dale Federal |] Jalmat Yatı | es State | Federal or FeeFederal LC-032604(d | |
| Location | | | 1 | |
| Unit Letter A ; | 660 Feet From The North | _ine and 660 Fe | et From TheEast | |
| | 26 C | 27 5 | | |
| Line of Section29 | Township 26-S Range | 37-Е , ммрм, | Lea County | |
| II DESIGNATION OF TRAN | SPORTER OF OIL AND NATURAL (| 7.4.0 | | |
| Name of Authorized Transporte | | | ch approved copy of this form is to be sent) | |
| } | | | approved copy of this form is to be sent) | |
| Name of Authorized Transports | er of Casinghead Gas or Dry Gas X | Address (Give address to which | ch approved copy of this form is to be sent) | |
| El Paso Natural (| | Box 1492, El Paso | • | |
| If well produces oil or liquids, | Lintt Soc Tun Ber | Is gas actually connected? | When | |
| give location of tanks. | | No | soon | |
| If this production is comming | gled with that from any other lease or poo | | | |
| V. COMPLETION DATA | | i, give comminging order numb | er: | |
| Designate Type of Cor | Oil Well Gas Well | New Well Workover Dee | epen Plug Back Same Res'v. Diff. Res'v. | |
| , , , , , , , , , , , , , , , , , , , | | X | | |
| Date Spudded | Date Compl. Ready to Prod. 2-4-76 | Total Depth 3350' | P.B.T.D. 3330' | |
| | _ , , , | | 3330 | |
| Elevations (DF, RKB, RT, GR, 2957.4 GR | etc.) Name of Producing Formation Yates | Top Oil/Gas Pay 3036 | Tubing Depth 2997 | |
| Perforations 2026 AF | | | | |
| 77 22 27 60 | 58, 70, 74, 92, 96, 3107, 03 | 3, 03, 3100, 3098, 9 | | |
| 77, 22 and 60 | TUDING CASING A | UD CENEVITAIS DECORD | 3350 | |
| HOLE SIZE | CASING & TUBING SIZE | ND CEMENTING RECORD | | |
| 11" | 8-5/8" | 666' | SACKS CEMENT | |
| 7-7/8" | 4-1/2" | 3350' | 200 circ. | |
| 1-1/8 | 2" | | 250 - base of salt | |
| | | 2997 | | |
| V. TEST DATA AND REQUE | ST FOR ALLOWARIE (Tark must be | | | |
| OIL WELL | able for this | depth or be for full 24 hours) | oad oil and must be equal to or exceed top allow- | |
| Date First New Oil Run To Tar | iks Date of Test | Producing Method (Flow, pump | , gas lift, etc.) | |
| | | | ı | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size | |
| | | | | |
| Actual Prod. During Test | Oil-Bbis. | Water-Bbis. | Gas-MCF | |
| | , | | | |
| OAC WELL | | | | |
| GAS WELL Actual Prod. Test-MCF/D | Length of Test | | | |
| | | Bbls. Condensate/MMCF | Gravity of Condensate | |
| CAOF 314 Testing Method (pitot, back pr. | 3 hr. 45 Min. Tubling Pressure (Shut-in) | - | - | |
| | (0.000 2.0) | Casing Pressure (Shut-in) | Choke Size | |
| back-pressure | 412 | 412 | various | |
| I. CERTIFICATE OF COMP | LIANCE | OIL CONS | RVATION COMMISSION | |
| | | | 18 20,1910 | |
| I hereby certify that the rules Commission have been comp | and regulations of the Oil Conservation lied with and that the information given | ven ief. By Street Color | | |
| | to the best of my knowledge and belief. | | | |
| | | | | |
| | | TITLE | in the second se | |
| | 4 | This form is to be file | ed in compliance with RULE 1104. | |
| allu | York | _ If this is a request for allowable for a newly drilled or deepened | | |
| | (Signature) | well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. | | |
| Co-Owne | | All sections of this form must be filled out completely for allow- | | |
| Enhance A 1075 able on new and recompleted wells. | | ted wells. | | |
| rebruar | | Fill out only Sections | 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. | |
| | (Date) | i I | nsporter, or other such change of condition. | |
| | | | mine he sized for real most in multiply | |