

DISTRIBUTION			
SANTA FE			
F L E			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

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

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-65

I.

Operator

Burleson & Huff

Address

Box 2479, Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well

☒

Change in Transporter of:

Recompletion

☐

Oil

☐

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

CORRECTED FORM

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cooper	Well No. 2	Pool Name, Including Formation Jalmat - 7 Rivers	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter F ; 2310 Feet From The west Line and 2310 Feet From The north					
Line of Section 14 Township 24-South Range 36-East , NMPM, Lea County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
The Permian Corporation	Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Co.	Box 1492, El Paso, Texas					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 14	Twp. 24S	Rge. 36E	Is gas actually connected? no	When soon

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7-31-77	Date Compl. Ready to Prod. 9-12-77	Total Depth 3210			P.B.T.D. none				
Elevations (DF, RKB, RT, GR, etc.) 3340.4GR	Name of Producing Formation 7 Rivers	Top Oil/Gas Pay 3207			Tubing Depth 3173				
Perforations none - open hole 3207-3210					Depth Casing Shoe 3207				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"		1253		475 sx circ.				
6-3/4"	5-1/2"		3207		150 sx - top 2303				
	2"		3173						

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 Tanks 9-12-77	Date of Test 9-12-77	Producing Method (Flow, pump, gas lift, etc.) flowing	
Length of Test 24 hr	Tubing Pressure 0-75#	Casing Pressure packer	Choke Size 32/64
Actual Prod. During Test 168	Oil - Bbls. 84	Water - Bbls. 84	Gas - MCF 145.7

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)

Co-Owner

(Title)

9-22-77

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

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, this form 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, or transporter, or other such change of condition.

DISTRIBUTION			
SANTA FE			
OIL			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
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AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I. Operator
Burleson & Huff
Address
Box 2479, Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)
**CASINGHEAD GAS MUST NOT BE
FLARED AFTER 11/12/77
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.**

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cooper	Well No. 2	Pool Name, Including Formation Jalmat - 7 Rivers	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter F ; 2310 Feet From The west Line and 2310 Feet From The north Line of Section 14 Township 24-South Range 36-East , NMPM, Lea County				

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Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, Texas					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 14	Twp. 24S	Rge. 36E	Is gas actually connected? no	When soon

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IV. COMPLETION DATA

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Date Spudded 7-31-77	Date Compl. Ready to Prod. 9-12-77		Total Depth 3210		P.B.T.D. none				
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Perforations none - open hole 3207-3210						Depth Casing Shoe 3207			
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HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
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	2"		3173						

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)

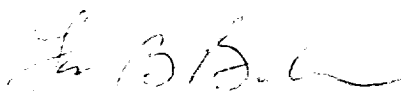
Date First New Oil Run To Tanks 9-12-77	Date of Test 9-12-77	Producing Method (Flow, pump, gas lift, etc.) flowing	
Length of Test 8 hours	Tubing Pressure 0-75#	Casing Pressure packer	Choke Size 32/64
Actual Prod. During Test 56	Oil-Bbls. 28	Water-Bbls. 28	Gas-MCF 48.6

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. 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)

Co-Owner
(Title)

9-14-77
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 21 1977, 19

BY 

TITLE SUPERVISOR

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

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100-1077
OIL COMPANY OF AMERICA
HARRIS, N. M.