	DISTRIBUTION		1		
	SANTA FE				
	I LE				l
	U.S.G.S.		<u> </u>		
	LAND OFFICE				
	TRANSPORTER	OIL			
		GAS			
	OPERATOR				
I.	PRORATION OFFICE				
	Burleson & Huff Address Box 2479, Midland, Texa Reason(s) for filing (Check proper box) New We!! Recompletion Change in Ownership				
	If change of owners and address of prev	hip give ious ow	ner_	ie	
	DESCRIPTION OF				_

III.

NEW MEXICO OIL CONSERVATION COMMITTEE REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-11

U.S.G.S.	AUTHORIZATION TO TE	AND RANSPORT OIL AND NATURA	Effective 1-1-65	
LAND OFFICE	ACTIONIZATION TO TR	RANSPORT UIL AND NATURA	L GAS	
TRANSPORTER OIL	_			
OPERATOR GAS			•	
PRORATION OFFICE	-	•		
Operator				
Burleson & Huff			·	
Box 2479, Midland, T Reason(s) for filing (Check proper bo	exas 79702	10.1		
New Well X	Change in Transporter of:	Other (Please explain)		
Recompletion	Oil Dry G	Gas CORRECTED FOI	RM	
Change in Ownership	Casinghead Gas Conde	ensate		
If change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND	LEASE			
Lease Name	Well No. Pool Name, Including 1 2 Jalmat - 7 R		_ Ledse No.	
Location	2 Jalmat - 7 R	State, Fed	eral or Fee Fee	
Unit Letter F ; 23	Feet From The West Li	ine and 2310 Feet Fro	m The north	
Line of Section 4 To	ownship 24-South Range 3	6-East , NMPM, I	_ea County	
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL G			
Name of Authorized Transporter of O		· ·	proved copy of this form is to be sent)	
The Permian Corporat Name of Authorized Transporter of Co		Box 1183, Houston,	exas //UUI proved copy of this form is to be sent)	
El Paso Natural Gas		Box 1492, El Paso,	Texas	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pige. F 14 24S 36E	Is gas actually connected?	When SOON	
If this production is commingled w COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:		
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Completi		X		
7-31-77	Date Compl. Ready to Prod. 9-12-77	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	3210 Top Oil/Gas Pay	none Tubing Depth	
3340.4GR	7 Rivers	3207	3173	
Perforations			Depth Casing Shoe	
none - open hole 320		D CEMENTING RECORD	3207	
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		
TEST DATA AND REQUEST F		Ifter recovery of total volume of load o	il and must be equal to or exceed top allow-	
OIL WELL Date First New Oil Run To Tanks	Date of Test	epth or be for full 24 hours) Producing Method (Flow, pump, gas	lift, etc. l	
9-12-77	9-12-77	flowing	.,,,,,	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
24 hr	0-75#	packer	32/64	
Actual Prod. During Test	1 /	Water-Bbls.	Gas-MCF	
168	84	84	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	
CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	ATION COMMISSION	
		S 2 2 5		
hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED 19		
bove is true and complete to the	e best of my knowledge and belief.	BY John W.	ungen	
		TITLE		
The transfer of the second		[]	compliance with RULE 1104.	
	ature)	well, this form must be accomp	wable for a newly drilled or deepened anied by a tabulation of the deviation	
Co-Owner (Title)		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.		
9-22-77 (Da	nie)		II. III, and VI for changes of owner, rter, or other such change of condition.	
	!	₹1	as he filed for each next in multiple	

DISTRIBUTION NEW MEXICO OIL CONSERVATION COMM! ON SINTAFF REQUEST FOR ALLOWABLE E AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL IRANSPORTER GAS CPERATOR PRORATION OFFICE Operator Burleson & Huff Box 2479, Midland, Texas 79702 Reason(s) for filing (Check proper box) Other Astronomy Gas Must Not Be Flared Apter 1/12/22 X New Well Change in Transporter of: Recompletion Oil Dry Gas UNLESS AN EXCEPTION TO R-4070 Change in Ownership Casinghead Gas Condensate IS OBTAINED. If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE Poel Name, Including Formation Lease Name Well No. Kind of Lease Cooper Jalmat - 7 Rivers State, Federal or Fee Location 2310 Feet From The West Line and Unit Letter 2310 Feet From The <u>north</u>

Township 24-South Range 36-East

or Dry Gas

5-1/2"

Form C-104 Supersedes Old C-104 and C-1. Effective 1-1-65 Lease No. Fee Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, Texas 77001
Address (Give address to which approved copy of this form is to be sent)

150 sx. - top 2303

	El Paso Natural Gas Co).	Box 1492, El Paso, Texas				
	If well produces oil or liquids,	Unit Sec. Twp. Age.		When			
	give location of tanks.	F 14 24S 36E	no	Soon			
	If this production is commingled wi	ith that from any other lease or pool	, give commingling order number:				
IV.	COMPLETION DATA						
	Designate Type of Completi	on - (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.			
	7-31-77	9-12-77	3210	none			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tuhing Depth			
	3340.4 GR	7 Rivers	3207	3173			
	Perforations			Depth Casing Shoe			
	none - open hole	3207-3210		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			
	C 0 (A)			- + - +			

, NMPM,

Lea

V. TEST DATA AND REQUEST FOR ALLOWABLE (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) OIL WELL Date First New Cil Run To Tanks Producing Method (Flow, pump, gas lift, etc.) Date of Test 9-12-77 9-12-77 flowing Length of Test Tubing Pressure Casing Pressure Choke Size 8 hours 0 - 75 #packer 32/64 Actual Prod. During Test Oil-Bbls. Water - Eble. Gas - MCF

3207

3173

56 28 28 48.6

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

Line of Section 14

Permian Corporation

6-3/4"

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| Name of Authorized Transporter of CII | X | or Condensate | |

Name of Authorized Transporter of Casinghead Gas X

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.

£ 1315.C	
(Signature)	
Co-Owner	
(Title)	
9-14-77	

(Date)

OIL CONSERVATION COMMISSION SEP 21 197 APPROVED BY TITLES

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. Trime C 104 miles he filled for real mont in multiplu

City Resident Assessment of the second