	DISTRIBUTION	ЭN							
	SANTA FE								
	FILE								
	U.S.G.S.		AUTHO						
	LAND OFFICE								
	TRANSPORTER	OIL GAS		\exists					
	OPERATOR			7					
1.	PRORATION OF	FICE		7					
	Operator					_			
	Burleson &	Huff							
	Box 2479,	Midlar	nd, Te	exas	79701				
	Reason(s) for filing	(Check p	roper bo	x)		_			
	New Well				Change is	n			
	Recompletion	$\overline{\mathbf{X}}$			Oil				
	Change in Ownership	<u>,</u>			Casinghe	œ			
						_			
	If change of owners and address of prev								
11.	DESCRIPTION O	F WEL	L AND	LEA	SE Well No.				
	Saunders	1	1		2	ľ			
	Location					L			
	_		7.00	. ^					
	Unit Letter F		<u>; 165</u>	0	_Feet Fro	m			
	Line of Section	28	То	wnship	25S				
H.	DESIGNATION O				OF OIL	F			
	Name of Authorized	Transpor	ter of Oi	1 🔲	or C	OI			
	Name of Authorized	•		-					
	El Paso Natural Gas Company								
	If well produces oil or liquids, Unit Sec.								
	give location of tank	s.		<u> </u>					
v.	If this production is COMPLETION DA	commir	igled w	ith tha	t from an	y			
	Designate Type of Completion - (X)								
	Date Spudded 9-27-	76		Date	Compl. P	ş			
			2 #10 :		e of Produ				
	3017	Yates							
	Perforations 11 holes, 2215, 2216, 2								
	2228,	2229	, 223	0					
					Т	U			
	HOTE	SIZE		T	CASING				
	16"	OII.				ვ			
	17517					-			

October 14, 1976

NEW MEXICO OIL CONSERVATION COMMITTED IN

Form C-104

	REQUEST FOR ALLOWABLE					Supersedes Old C-104 and C-1			
	U.S.G.S.		Effective 1-1-	55					
	LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
	TRANSPORTED OIL	7							
	TRANSPORTER GAS								
	OPERATOR								
1.	PRORATION OFFICE					٠			
	Operator Pumilonam 9 H. S.S.			<u> </u>					
	Burleson & Huff				<	•			
	Box 2479, Midland, Te	142c 70701							
	Reason(s) for filing (Check proper box		Oshoo (0)						
	New Well	Change in Transporter of:	Other (Pleas	e explain)					
	Recompletion X	Oil Dry G	Gas X						
	Change in Ownership		ensate						
	•								
	If change of ownership give name and address of previous owner								
	·								
11.	DESCRIPTION OF WELL AND								
	Saunders / Well No. Pool Name, Including I			Kind of Lease	Lease.				
	Location 2 datiliat, fall			State, Federal or Fee	Fee	<u></u>			
	_	0	1650						
	Unit Letter F ; 165	O Feet From The north Li	ine and	Feet From The	west	·			
	Line of Section 28 To	wnship 25S Range	37E , NMPA			_			
	20	Trange	J/E , NMPN	. Lea		County			
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G.	AS						
	Name of Authorized Transporter of Oil		Address (Give address	to which approved copy	of this form is t	o be sent)			
	Name of Authorized Transporter of Ca		Address (Give address	to which approved copy	of this form is t	be sent)			
	<u>El Paso Natural Gas C</u>		Box 1492, E1	Paso. Texas					
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connect	ed? When					
	-	<u> </u>	No	Soon					
		th that from any other lease or pool,	give commingling orde	r number:					
. .	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen Plug E	Back Same Bes	v. Diff. Res'v.			
	Designate Type of Completic	on = (X))	(X			
	Date Spudded 9-27-76	Date Compl. Ready to Prod.	Total Depth 9393	P.B.T	.D	<u> </u>			
		10-11-76	9393	2	2485				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay 2215	Tubing	Pepth 110				
		15, 2216, 2217, 2218, 221		2207	2110				
1	2228, 2229, 2230	LL9 LLLJ9 LLL79	Dopin	Casing Shoe	· · · · · · · · · · · · · · · · · · ·				
			5 e5.						
	UALE CITE		D CEMENTING RECOR	.D					
	HOLE SIZE	CASING & TUBING SIZE	918 918	= 50€	SACKS CEM	ENT			
	12-1/2"	9-5/8"	3650		sx circ t	o surface			
		2-1/2"	2110			<u> </u>			
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	ifter recovery of total volu	me of load oil and must	be equal to or es	ceed ton allow-			
•	OIL WELL	able for this de	epth or be for full 24 hours	')					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flou	, pump, gas lift, etc.)					
			0		Choke Size				
	Length of Test	Tubing Pressure	Casing Pressure	Choke	Size				
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas - M	(CE				
	Actual Floar Saling Foot	4		Gas-W	·Cr				
i		<u> </u>							
	GAS WELL								
ſ	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	Gravit	y of Condensate				
	COAF 1738	4 hours							
Ì	COAF 1738 Testing Method (pitot, back pr.)	4 hours Tubing Pressure (Shut-in)	Casing Pressure (Shut	-in) Choke	Size				
Į	back pressure	685	packer	į.	arious				
VI.	CERTIFICATE OF COMPLIANC	11							
				OCT 22 19	0				
	hereby certify that the rules and regulations of the Oil Conservation		APPROVED		// , 1	9			
1	Commission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.		I AV XXXXX	1 ANK	/ - 2\				
,			1//3000	ARCHA PORT	SCH 9				
	gr.	TITLE SUPERVISOR DISTRICT							
	Co-Owner (Signa	This form is to	be filed in complian	ce with RULE	1104.				
_	J. 7. 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 .	If this is a requ	est for allowable for	a newly drilled	or deepened				
-	Co-Owner (Signa	sture)	well, this form must	be accompanied by well in accordance w	a tabulation of	the deviation			
		11							

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.