NO. OF COPIES REC	EIVED	İ	
DISTRIBUTE	ON		
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
THANG! ON I EN	GAS		
OPERATOR			
PRORATION OF	ICE		

May 30. 1973 (Date)

II.

III.

IV.

U.S.G.S.  LAND OFFICE  I RANSPORTER OIL GAS  OPERATOR PRORATION OFFICE  Operator Burleson & Huff  Address  P. O. Box 935, Midland, Texas 79701  Reason(s) for filing (Check proper box) New Well Change in Transporter of: Octoberation Change in Ownership Change of ownership give name and address of previous owner  DESCRIPTION OF WELL AND LEASE  Lease Name Well No. Pool Name, Including Formation Unit Letter J 1 Jalmat State, Federal or Fee Fee  Line of Section 29 Township 25—South Range 37—East , NMPM, Lease	Lease No.
LAND OFFICE  IRANSPORTER OIL  GAS  OPERATOR  PROBATION OFFICE  Operator  Burleson & Huff  Address  P. O. Box 935, Midland, Texas 79701  Reason(s) for filing (Check proper box)  New Well  Change in Transporter of: Oil  Casinghead Gas  Condensate  Other (Please explain)  New Well  If change of ownership give name and address of previous owner  DESCRIPTION OF WELL AND LEASE  Lease Name  Well No. Pool Name, Including Formation  Location  Unit Letter  I : 1980  Feet From The Bouth Line and 660  Feet From The Rast	Lease No.
IRANSPORTER  GAS  OPERATOR  PRORATION OFFICE  Operator  Burleson & Huff  Address  P. O. Box 935, Midland, Texas 79701  Reason(s) for filing (Check proper box)  New Well  Recompletion  Change in Transporter of:  Recompletion  Change in Ownership  Casinghead Gas  Condensate  If change of ownership give name and address of previous owner  DESCRIPTION OF WELL AND LEASE  Lease Name  Well No. Pool Name, Including Formation  Location  Unit Letter  I Jalmat  State, Federal or Fee  Page  Pa	Lease No.
OPERATOR PRORATION OFFICE  Operator Burleson & Huff  Address P. O. Box 935, Midland, Texas 79701  Reason(s) for filing (Check proper box) New We! Recompletion Change in Transporter of: Condensate  Oil Condensate  Order (Please explain)  Other (Please explain)	Lease No.
PRORATION OFFICE  Operator  Burleson & Huff  Address  P. O. Box 935, Midland, Texas 79701  Reason(s) for filing (Check proper box) New Well Change in Transporter of: Recompletion Casinghead Gas Condensate  If change of ownership give name and address of previous owner  DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Gutman 1 Jalmat State, Federal or Fee  Fee  Unit Letter 1: 1980 Feet From The south Line and 660 Feet From The East	Lease No.
Burleson & Huff  Address  P. O. Box 935, Midland, Texas 79701  Reason(s) for filing (Check proper box) New Well Change in Transporter of: Recompletion X Oil Dry Gas Change in Ownership Casinghead Gas Condensate  If change of ownership give name and address of previous owner  DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Gutman 1 Jalmat State, Federal or Fee  Location  Unit Letter 1: 1980 Feet From The south Line and 660 Feet From The East	Lease No.
Burleson & Huff  Address  P. O. Box 935, Midland, Texas 79701  Reason(s) for filing (Check proper box)  New We!! Change in Transporter of:  Recompletion Dry Gas  Change in Ownership Casinghead Gas Condensate  If change of ownership give name and address of previous owner  DESCRIPTION OF WELL AND LEASE  Lease Name Well No. Pool Name, Including Formation Kind of Lease  Gutman 1 Jalmat State, Federal or Fee Fee  Unit Letter 1; 1980 Feet From The South Line and 660 Feet From The East	Lease No.
P. O. Box 935, Midland, Texas 79701  Reason(s) for filing (Check proper box)  New Well Change in Transporter of:  Recompletion Change in Out Dry Gas  Change in Ownership Casinghead Gas Condensate  If change of ownership give name and address of previous owner  DESCRIPTION OF WELL AND LEASE  Lease Name Well No. Pool Name, Including Formation Kind of Lease  Gutman 1 Jalmat State, Federal or Fee  Location  Unit Letter 1 : 1980 Feet From The South Line and 660 Feet From The East	Lease No.
Reason(s) for filing (Check proper box)  New Well Change in Transporter of:  Recompletion Coul Dry Gas  Change in Ownership Casinghead Gas Condensate  If change of ownership give name and address of previous owner  DESCRIPTION OF WELL AND LEASE  Lease Name Well No. Pool Name, Including Formation Kind of Lease  Gutman 1 Jalmat State, Federal or Fee  Location  Unit Letter 1; 1980 Feet From The south Line and 660 Feet From The East	Lease No.
New Well Change in Transporter of:  Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate  If change of ownership give name and address of previous owner  DESCRIPTION OF WELL AND LEASE  Lease Name Well No. Pool Name, Including Formation Kind of Lease Gutman 1 Jalmat State, Federal or Fee  Location  Unit Letter 1: 1980 Feet From The south Line and 660 Feet From The East	Lease No.
Recompletion Change in Ownership Casinghead Gas Condensate  If change of ownership give name and address of previous owner  DESCRIPTION OF WELL AND LEASE  Lease Name Well No. Pool Name, Including Formation Feet Feet  Location  Unit Letter Feet From The South Line and 660 Feet From The Bast	Lease No.
Change in Ownership	Lease No.
DESCRIPTION OF WELL AND LEASE  Lease Name Well No. Pool Name, Including Formation Kind of Lease  Gutman 1 Jalmat State, Federal or Fee  Location  Unit Letter 1: 1980 Feet From The south Line and 660 Feet From The East	Lease No.
DESCRIPTION OF WELL AND LEASE  Lease Name Well No. Pool Name, Including Formation Kind of Lease  Gutman 1 Jalmat State, Federal or Fee  Location  Unit Letter 1: 1980 Feet From The south Line and 660 Feet From The East	Lease No.
Compan   C	Lease No.
Gutman 1 Jalmat State, Federal or Fee Fee  Location  Unit Letter : 1 : 1980   Feet From The south   Line and   660   Feet From The East	Lease No.
Unit Letter 7 Feet From The south Line and 660 Feet From The Rast	
Unit Letter 3 T; 1980 Feet From The south Line and 660 Feet From The East	
Line of Section 29 Township 25-South Range 37-East , NMPM, Lea	i
	County
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this fo	rm is to be sent)
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this fo	rm is to be sent)
El Paso Natural Gas Company Bldg. of the Southwest, Midla  When Sec. Twp. Rge. Is gas actually connected? When	md.Tx.79701
if well produces on or inquias,	,
If this production is commingled with that from any other lease or pool, give commingling order number:	
COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Sar	me Res'v. Diff, Res'v.
Designate Type of Completion - (X)	1
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.	A
March 25, 1973 March 29, 1973 3250 2650	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth	
<u>Yates</u> 2530 2497	
Perforations  Depth Casing Sh	io <del>e</del>
2532. 2534. 2535. 2536. 2539. 2543. 2547. 2546. 2552 2650 TUBING, CASING, AND CEMENTING RECORD	
	SCEMENT
10.274	LSY
8 3/4 7 csg. 3130 750 p-v	
2 1/2 tbg. 2497	
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 allow-
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal able for this depth or be for full 24 hours)	to or exceed top allow-
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal able for this depth or be for full 24 hours)	to or exceed top allow-
TEST DATA AND REQUEST FOR ALLOWABLE OHL WELL Date First New Oil Run To Tanks  Oate of Test  Other depth or be for full 24 hours)  Other Producing Method (Flow, pump, gas lift, etc.)	to or exceed top allow-
TEST DATA AND REQUEST FOR ALLOWABLE.  OIL WELL  Date First New Oil Run To Tanks  Date of Test  Tubing Pressure  (Test must be after recovery of total volume of load oil and must be equal able for this depth or be for full 24 hours)  Producing Method (Flow, pump, gas lift, etc.)  Casing Pressure  Choke Size	to or exceed top allow-
TEST DATA AND REQUEST FOR ALLOWABLE.  OIL WELL  Date First New Oil Run To Tanks  Date of Test  Tubing Pressure  (Test must be after recovery of total volume of load oil and must be equal able for this depth or be for full 24 hours)  Producing Method (Flow, pump, gas lift, etc.)  Casing Pressure  Choke Size	to or exceed top allow-
TEST DATA AND REQUEST FOR ALLOWABLE.  OIL WELL  Date First New Oil Run To Tanks  Date of Test  Tubing Pressure  (Test must be after recovery of total volume of load oil and must be equal able for this depth or be for full 24 hours)  Producing Method (Flow, pump, gas lift, etc.)  Casing Pressure  Choke Size	to or exceed top allow-
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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  Casing Pressure  Choke Size  Actual Prod. During Test  Oil-Bbls.  Water-Bbls.  Gas-MCF  GAS WELL  Actual Prod. Test-MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condes	
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  Casing Pressure  Choke Size  Actual Prod. During Test  Oil-Bbls.  Water-Bbls.  Gas-MCF  GAS WELL  Actual Prod. Test-MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condes	
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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  Casing Pressure  Choke Size  Actual Prod. During Test  Oil-Bbls.  Water-Bbls.  Gas-MCF  GAS WELL  Actual Prod. Test-MCF/D  Length of Test  Bbls. Condensate/MMCF  1,102  3 hrs. 45 min.  Tone  Testing Method (pitot, back pr.)  Tubing Pressure(Shut-in)  Casing Pressure(Shut-in)  Casing Pressure(Shut-in)  Choke Size  No gauge  variou	nagte
TEST DATA AND REQUEST FOR ALLOWABLE  OIL, WELL  Date First New Oil Run To Tanks  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  Actual Prod. During Test  Oil-Bbls.  Gas-MCF  Water-Bbls.  Gas-MCF  Testing Method (pitot, back pr.)  Tubing Pressure(shut-in)  Casing Pressure(shut-in)  Commission  Commission  Commission  Commission  Casing Pressure(shut-in)	nagte
TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  Date First New Oil Run To Tanks  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  Actual Prod. During Test  Oil-Bbls.  Gas-MCF  Testing Method (pitot, back pr.)  Tubing Pressure (shut-in)  Tubing Pressure (shut-in)  Casing Pressure (shut-in)	ensate SSION
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  Actual Prod. During Test  Oil-Bbls.  Date of Test  Actual Prod. Test-MCF/D  1,102  Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Date of Test  Date of Test  Tubing Pressure (Shut-in)  Date of Test  Date of Test  Tubing Pressure (Shut-in)  Date of Test  Date of Test  Date of Test  Tubing Pressure (Shut-in)  Date of Test	SSION
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  Actual Prod. During Test  Oil-Bbls.  Date of Test  Actual Prod. Test-MCF/D  Length of Test  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Date of Test  Casing Pressure (Shut-in)  Date of Test  Date o	ensate SSION
TEST DATA AND REQUEST FOR ALLOWABLE OIL, WELL  Date First New Oil Run To Tanks  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Choke Size  Actual Prod. During Test  Oil-Bbls.  Gas-MCF  GAS WELL  Actual Prod. Test-MCF/D  Length of Test  Dength of Test  Actual Prod. Test-MCF/D  Length of Test  Dength of Test  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Gas-MCF  Done  Casing Pressure  Casing Pressure(Shut-in)  APPROVED  APPROVED  APPROVED  BY  APPROVED  BY  APPROVED  BY	SSION, 19
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL  Date First New Oil Run To Tanks  Date of Test  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Length of Test  Actual Prod. During Test  Actual Prod. During Test  Actual Prod. Test-MCF/D  Length of Test  Actual Prod. Test-MCF/D  Tubing Pressure  Length of Test  Actual Prod. Test-MCF/D  Tubing Pressure(Shut-in)  Date of Test  Actual Prod. During Test  Actual Prod. Test-MCF/D  Tubing Pressure(Shut-in)  Casing Pressure(Shut-in)  Casing Pressure(Shut-in)  Casing Pressure(Shut-in)  Casing Pressure(Shut-in)  APPROVED  This form is to be filed in compliance with  If this is a request for allowable for a newly  AMACAM  The structure of total volume of load oil and must be equal able for this depth or be for full 24 hours)  Producing Method (Flow, pump, gas lift, etc.)  Casing Pressure  Choke Size  No gauge  Various  This form is to be filed in compliance with  If this is a request for allowable for a newly	SSION, 19
TEST DATA AND REQUEST FOR ALLOWABLE  (Test must be after recovery of total volume of load oil and must be equal able for this depth or be for full 24 hours)  Date First New Oil Run To Tanks  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  Actual Prod. During Test  Oil-Bbls.  Water-Bbls.  Gas-MCF  GAS WELL  Actual Prod. Test-MCF/D  Length of Test  1, 102  Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  APPROVED  APPROVED  BY  TITLE  This form is to be filed in compliance with	SSION, 19

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.