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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-110
Effective 1-1-65

Operator Burleson & Huff	
Address P. O. Box 935, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Other <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	

If change of ownership give name and address of previous owner: **Texas Pacific Oil Co., Inc., Box 4067, Midland, Texas 79701**

Lease Name Coll A		Well No. 1	Pool Name, including formation Langleie-Abilene Group	Kind of Lease State, Federal or Fee Fee	Lease No.
Location					
Unit Letter G	1900	Feet From The North	1900	Feet From The East	
Line of Section 29	Township 25-S	Range 37-W	MPM,	Lea	County

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>		(Address - Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		(Address - Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.

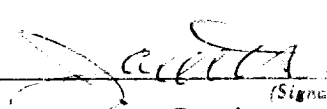
If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (A)		Oil Well	Gas Well	New Well	Reamer	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Producing Formation				F.B.T.D.			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Tubing Depth							
Perforations		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET				SACKS CEMENT			

Date First New Oil Run To Tanks		Date of Test	(Test must be after recovery of initial volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	

Actual Prod. Test-MCF/D	Length of Test	Oil-Condensate-MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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)
Partner
(Title)
July 5, 1973
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

By _____

This form is to be filed in compliance with RULE 1104.
This is a request for allowable for a newly drilled or deepened well. This request must be accompanied by a tabulation of the deviation logs 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, lease, name of owner, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply