

DISTRIBUTION			
SANTA FE			
FILE			
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-110
Effective 1-1-65

I. Operator
BURLESON and HUFF
Address
P. O. Box 935 - Midland, Texas 79701
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
PLANNED AFTER 3/17/75
UNLESS AN EXCEPTION TO RULE
IS OBTAINED.**
If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jenkins	Well No. 3	Pool Name, including Formation Langlie-Mattix	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter N ; 760 Feet From The South Line and 1980 Feet From The West Line of Section 29 Township 25 Range 37 , 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"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) Midland, Texas					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 29	Twp. 25	Rge. 37	Is gas actually connected? No	When Soon

If this production is commingled with that from any other lease or pool, give commingling order number: **No**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X			X			X	
Date Spudded May 3, 1974	Date Compl. Ready to Prod. Jan. 20, 1975		Total Depth 3408		P.B.T.D. 3120			
Elevations (DF, RKB, RT, GR, etc.) 3002 GR	Name of Producing Formation Queen		Top Oil/Gas Pay 3070		Tubing Depth 3411			
Perforations 3070-3086 - 3092-3102 - 4 per foot					Depth Casing Shoe 3417			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13-3/8	10-3/4		298		200 sx circulated			
8-5/8	7"		3417		400 sx D.V. tool @			
7"	2"		3045		1200'			

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 January 17, 1975	Date of Test January 20, 1975	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test	Tubing Pressure 0-75#	Casing Pressure 10#	Choke Size 18/64"
Actual Prod. During Test 45 B Fluid	Oil-Bbls. 21 BO	Water-Bbls. 44 B water	Gas-MCF 25.2 mcf

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)

Partner

(Title)

January 20, 1975

(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.

Separate Forms C-104 must be filed for each pool in multiple