

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

DISTRIBUTION			
SANTA FE			
FILE			
I.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

I. **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:		Other (Please explain)	UNLESS AN EXCEPTION TO R-4070 IS OBTAINED
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Arco-Lanehart	Well No. 1	Pool Name, Including Formation Langlie-Mattix Queen	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location A 990 north 330 east					
Unit Letter 21 ; Feet From The 25-S Line and 37-E Feet From The Lea					
Line of Section 21 Township 25-S Range 37-E , NMPM, Lea County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil 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 A Sec. 21 Twp. 25 Rg. 37 Is gas actually connected? No When

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

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.
Date Spudded 9-23-75	Date Completed to Prod. 9-25-75	Total Depth 3500'	P.B.T.D. 3450'					
Elevation (D.F., B.K., RT, GR, etc.) 3080 GR	Name of Producing Formation Queen	Top of Gas Pay 3343	Tubing Depth 3302					
Perforations 3343, 3344, 3345, 3346, 3347, 3348, 3364, 3365, 3366 and 3367	Depth 3409' Shoe							
TUBING, CASING, AND CEMENTING RECORD								
13025/HR	CASING/TUBING SIZE 3-5/8"	DEPTH SET 1004'	350 sacks cement					
6-3/4"	4-1/2"	3500'	250 sx					
	2"	3302						

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 From 9-27-75 Run To Tanks	Date of 9-4-75	Production Flowing (Flow, pump, gas lift, etc.)	
Length of Test 24 hour	Tubing Pressure 0-50#	Casing Pressure packer	Choke Size 32/64
Actual Prod. During Test	Oil - Bbls. 23	Water - Bbls. 10	Gas - MCF 25.69

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Co-Owner (Signature)
9-5-75 (Title)
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY **John W. Runyan**
TITLE **Geologist**

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