

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-11
Effective 1-1-65

I. Operator
Burleson & Huff
Address
P. O. Box 935, Midland, Texas
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
FLARED AFTER 2/19/76
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.**

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Arco	Well No. 2-Y	Pool Name, Including Formation Langlie-Mattix Queen	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter H ; 660 Feet From The East Line and 1770 Feet From The North 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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Possible - El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) No contract					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 21	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: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 11-20-75	Date Compl. Ready to Prod. 12-19-75	Total Depth 3500'		P.B.T.D. 3480'					
Elevations (DF, RKB, RT, GR, etc.) 3075.6 GR	Name of Producing Formation Queen		Top Oil/Gas Pay 3365		Tubing Depth 3295				
Perforations 1 shot per foot, 3365-3375', 11 holes		Depth Casing Shoe 3500'							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
11	8-5/8		807		375 sx - circ.				
7-7/8"	4-1/2		3500		250 sx - top of salt				
	2		3295						

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 12-19-75	Date of Test 12-22-75	Producing Method (Flow, pump, gas lift, etc.) flowing	
Length of Test 24 hr.	Tubing Pressure 25# to 50#	Casing Pressure Packer	Choke Size 3/4"
Actual Prod. During Test 17	Oil-Bbls. 12	Water-Bbls. 5	Gas-MCF 45.31

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.


(Signature)

Co-Owner

(Title)

December 23, 1975

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

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.