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|------------------|-----|--|--|
| DISTRIBUTION | | | |
| SNTAFE | | | |
| 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-105
Effective 1-1-65

I.

| | |
|---|---|
| Operator Burleson & Huff | |
| Address Box 2479, Midland, Texas 79702 | |
| Reason(s) for filing (Check proper box) | |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: |
| 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"/> |
| Other (Please explain) CASINGHEAD GAS MUST NOT BE PRODUCED AFTER 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 Smith | Well No. 2 | Pool Name, including Formation Langlie-Mattix Queen | Kind of Lease State, Federal or Fee fee | Lease No. |
| Location Unit Letter P ; 330 Feet From The south Line and 990 Feet From The east | | | | |
| Line of Section 4 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"/> El Paso Natural Gas Co. | Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, Texas 79978 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit P | Sec. 4 | Twp. 25S | Rge. 37E | Is gas actually connected? no | When March, 1, 1978 |

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 <input type="checkbox"/> | New Well <input checked="" type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res'ty. <input type="checkbox"/> | Diff. Res'ty. <input type="checkbox"/> |
| Date Spudded 12-9-77 | Date Compl. Ready to Prod. 2-14-78 | | Total Depth 3694 | | P.B.T.D. 3694 | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3172.2GR | Name of Producing Formation Queen | | Top Oil/Gas Pay 3451 | | Tubing Depth 3540 | | | |
| Perforations 3451-3544 11 holes, 3551-3561 11 holes | | | | | Depth Casing Shoe 3694 | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 13-3/8 | 8-5/8 | | 1075 | | 550 sx - circulated | | | |
| 7-7/8 | 4-1/2 | | 3694 | | 275 sx | | | |
| | 2-3/8 | | 3540 | | | | | |

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 2-14-78 | Date of Test 2-14-78 | Producing Method (Flow, pump, gas lift, etc.) pump | |
| Length of Test 24 hours | Tubing Pressure 0 | Casing Pressure 45# | Choke Size - |
| Actual Prod. During Test 56 | Oil - Bbls. 46 | Water - Bbls. 10 | Gas - MCF 37.7 |

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) |
| Co-Owner |
| (Title) |
| Feb. 17, 1978 |
| (Date) |

OIL CONSERVATION COMMISSION

| | | |
|----------|----------------|----|
| APPROVED | FEB 20 1978 | 19 |
| BY | John W. Remyan | |
| 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.

Supersede Form C-104 must be filed for each well in multiple