

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
Box 2479, Midland, Texas 79702
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☒ OWDD Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Harrison	Well No. 3	Pool Name, including Formation Langlie-Mattix Queen	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter K ; 1980 Feet From The south Line and 1980 Feet From The east Line of Section 25 Township 24-S Range 36-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 Corporaton	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, TX					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 25	Twp. 24	Rge. 36	Is gas actually connected? yes	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 <input checked="" type="checkbox"/>	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6-13-78	Date Compl. Ready to Prod. 7-10-78	Total Depth 3595		P.B.T.D. 3594					
Elevations (DF, RKB, RT, GR, etc.) 3300 GR	Name of Producing Formation Queen	Top Oil/Gas Pay 3397		Tubing Depth 2725					
Perforations 17 shots from 3397 to 3554		Depth Casing Shoe 3595							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
11	8-5/8		296		150 SX CIRC.				
7-7/8	5-1/2		2941		750 SX				
4-3/4	4" liner, top: 2735 to 3594				35 SX				

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 10-12-78	Date of Test 10-16-78	Producing Method (Flow, pump, gas lift, etc.) flowing	
Length of Test 24 hours	Tubing Pressure 50#	Casing Pressure 360#	Choke Size 20/64
Actual Prod. During Test 92	Oil - Bbls. 84	Water - Bbls. 8	Gas - MCF 154

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.

Jan B. Burleson
(Signature)
Co-Owner
(Title)
October 16, 1978
(Date)

OIL CONSERVATION COMMISSION
OCT 18 1978
APPROVED _____, 19____
BY **James S. Sutton**
TITLE **SUPERVISOR DISTRICT 1**
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.
Supersedes Form C-104 must be filed for each well in compliance