

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

**OIL CONSERVATION DIVISION**

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator Lewis B. Burleson, Inc.	Well API No.
Address P. O. Box 2479 Midland, Texas 79702	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	
Last previous C-104 erroneously named Sid Richardson Carbon & Gasoline Co. as Transporter	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>COOPER</b>	Well No. <b>3</b>	Pool Name, Including Formation <b>JALMAT T-Y-SR</b>	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter <b>F</b>	<b>1650</b>	Feet From The <b>NORTH</b> Line and	<b>2310</b>	Feet From The <b>WEST</b> Line
Section <b>14</b>	Township <b>24-S</b>	Range <b>36-E</b>	NMPM,	County <b>LEA</b>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate <b>SUN REFINING &amp; MARKETING Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>2415 E. Hwy 80 MIDLAND, TX 79701-9288</b>
Name of Authorized Transporter of Casinghead Gas or Dry Gas <b>El Paso Natural Gas Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1492 El Paso, Texas 79978</b>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When?
	<b>F 14 24-S 36-E YES 5-23-89</b>

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth			
Perforations				Depth Casing Shoe				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

**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. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

**Sharon Beaver**  
Signature  
Sharon Beaver Production Clerk  
Printed Name  
August 7, 1990 915/683-4747  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **10/00**  
By \_\_\_\_\_  
Title \_\_\_\_\_

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
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REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator: LEWIS B. BURLESON, INC. Well API No. 30-025-30591  
Address: P. O. Box 2479 Midland, Texas 79702  
Reason(s) for Filing (Check proper box):  
New Well  Change in Transporter of:  Other (Please explain)  
Recompletion  Oil  Dry Gas  To Be Effective 4/1/90  
Change in Operator  Casinghead Gas  Condensate

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name: COOPER Well No. 3 Pool Name, Including Formation: JALMAT T-Y-SR Kind of Lease: State, Federal or Fee Lease No.  
Location: Unit Letter F 1650 Feet From The North Line and 2310 Feet From The West Line  
Section 14 Township 24-S Range 36-E, NMPM, LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate: SUN REFINING + MARKETING CO. Address (Give address to which approved copy of this form is to be sent): 2415 E. HWY 80 MIDLAND, TX 79701-9288  
Name of Authorized Transporter of Casinghead Gas or Dry Gas: Sid Richardson Carbon & Gasoline Co. Address (Give address to which approved copy of this form is to be sent): 1st City Bank Tower 201 Main Ft. Worth, TX 76102  
If well produces oil or liquids, give location of tanks. Unit F Sec. 14 Twp. 24-S Rge. 36-E Is gas actually connected? YES When? 5-23-89

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

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. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: Sharon Beaver  
Printed Name: Sharon Beaver Title: Production Clerk  
Date: March 27, 1990 Telephone No.: 915/ 683-4747

OIL CONSERVATION DIVISION

Date Approved: APR 17 1990  
By: \_\_\_\_\_  
Title: ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Cooper	Well No. 3	Pool Name, Including Formation Jalmat T-Y-SR	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter F	: 1650	Feet From The North	Line and 2310	Feet From The West
Section 14	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"/> Sun Refining & Marketing Company	Address (Give address to which approved copy of this form is to be sent) 2415 E. Hwy. 80 Midland, TX 79701-9288					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492 El Paso, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 14	Twp. 24-S	Rge. 36-E	Is gas actually connected? Yes	When? 5/23/89

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Perforations				Depth Casing Shoe				
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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**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

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I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*Sharon Beaver*  
Signature  
Sharon Beaver Production Clerk  
Printed Name  
6/20/89 915/ 683-4747  
Date Telephone No.

OIL CONSERVATION DIVISION  
**JUN 26 1989**

Date Approved \_\_\_\_\_  
By **ORIGINAL SIGNED BY JERRY SEXTON**  
**DISTRICT I SUPERVISOR**  
Title \_\_\_\_\_

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RECEIVED

JUN 23 1989

OCD  
HOBBS OFFICE