

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-110
Effective 1-1-65

Operator Lewis B. Burleson, Inc.

Address Box 2479, Midland, TX 79702

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership <input checked="" type="checkbox"/>	<u>Change of lease name</u> <u>bought from Conoco</u>
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner Conoco, Inc., Box 460, Hobbs, NM 88240

DESCRIPTION OF WELL AND LEASE			
Lease Name <u>Farney</u>	Well No. <u>4</u>	Pool Name, including Formation <u>Jalmat Yates-Seven Rivers</u>	Kind of Lease State, Federal or Fee <u>Fed</u> Lease No. <u>LC-030557A</u>
Location			
Unit Letter <u>B</u>	<u>660</u> Feet From The <u>north</u> Line and <u>1650</u> Feet From The <u>east</u>		
Line of Section <u>5</u>	Township <u>23-S</u>	Range <u>36-E</u>	NMPM, <u>Lea</u> County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
<u>Pride Pipeline Company</u>	<u>Box 3237, Abilene, TX 79604</u>		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
<u>El Paso Natural Gas Company</u>	<u>Box 1492, El Paso, TX 79978</u>		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Tw. Pge.
Is gas actually connected?	When		
<u>no</u>			

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

COMPLETION DATA										
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.		
<input checked="" type="checkbox"/>										
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

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL			
<i>(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)</i>			
Date First New Oil Run To Tanks	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/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Steve Barlow
(Signature)
Vice-President

May 19, 1987
(Date)

OIL CONSERVATION COMMISSION
MAY 28 1987

APPROVED _____, 19____

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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.
Form C-104 must be filed for test report to include...

RECEIVED
MAY 22 1987
OCD
HOBBS OFFICE