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State of New Mexico Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brizon Rd., Amed, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

,	T	OTRA	NSPC	ORT OIL	AND NAT	URAL GA	<u>S</u>	61.1			
Operator						Well API No. 30-02523400					
Lewis B. Burleso											
P.O. Box 2479	M -	idlan	d, T	exas	79702	r (Please expla	iai				
Reason(s) for Filling (Check proper box) New Well		Change in					•			ļ	
Recompletion Change in Operator	Oil XX Dry Gas E					Effective 2/1/94					
f change of operator give name	Callignation										
nd address of previous operator I. DESCRIPTION OF WELL	ANDIRA	SE			<u> </u>						
Lease Name W. D. Grimes	Well No. Pool Name, Includin							of Lease No. Federal or Fee Lease No.			
Location Unit LetterI	. 18	79	Feel Fr	om The _S	outh Lim	and5	57Fe	et From The .	East	Line	
Section 29 Township	18		Range				Lea			County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil Scurlock Permian		or Conden			Address (Giv	e address 10 wh	ich approved	copy of this f	orm is to be se	ni)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas GPM G & S					Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge. Is gas actually		y connected?	nected? When?						
If this production is commingled with that IV. COMPLETION DATA	from any other	er lease or	pool, giv	e commingl	ing order num	ber:					
		Oil Well	1 (Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Dist Res'v	
Designate Type of Completion Date Spudded	- (X) Date Comp	d. Ready to	o Prod		Total Depth	<u></u>		P.B.T.D.	1		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top OiVGas Pay			Tubing Depth			
Perforations					<u> </u>	Depth Casing Shoe					
	Т	UBING.	. CASI	NG AND	CEMENTI	NG RECOR	D				
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
		·	΄,	·	1		· · · · · · · · · · · · · · · · · · ·	 			
						· · · · · · · · · · · · · · · · · · ·					
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE		<u> </u>	***		<u> </u>			
OIL WELL (Test must be after r Date First New Oil Run To Tank			of load	oil and must	,				for full 24 how	rs.)	
te First New Oil Run To Tank Date of Test					Producing Method (Flow, purp, gas lift, etc.)						
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL								1			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pilox, back pr.)	Tubing Pressure (Shui-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COM	PLIAN	VCE	1	011 0 = :					
I hereby certify that the rules and regularished with and	lations of the	Oil Coase	rvation			DIL CON	1SERV	ATION			
is true and complete to the best of thy	knowledge at	nd belief.	. 011 8000	~	Date	Approve	d	i 1s_	آو آنها وقود :		
Marin D	المنتاع					. ,		NAC OFFICE	CEVTAN		
Signature Sharon Beaver Production Clerk					By ORIGINAL SIGNED BY JORRY SEXTOM DISTRICT I SUPERVISOR						
Printed Name 2/4/94 915/683-4747					Title	_					
	910/		ephone N								
					11						

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.