

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COM SION  
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

I.

Operator Lewis B. Burleson, Inc.		<b>RECEIVED</b> JUN 26 1980 U. S. GEOLOGICAL SURVEY HOBBS, NEW MEXICO
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"/>		

If change of ownership give name  
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL IS OBTAINED  
DESIGNATED BELOW. IF YOU DO NOT CONCUR  
NOTIFY THIS OFFICE. *EXCEPTION TO R-1070*

II. DESCRIPTION OF WELL AND LEASE

Lease Name Berry Federal	Well No. 1	Pool Name, including Formation Querecho Plains - Yates	Kind of Lease State, Federal or Fee FED	Lease No. NM-25513
Location Unit Letter <u>E</u> : <u>330</u> Feet From The <u>west</u> Line and <u>1650</u> Feet From The <u>north</u> Line of Section <u>35</u> Township <u>18South</u> Range <u>32 East</u> , NMPM, <u>Lea</u> 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, TX 77001					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Okla. 74004					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 35	Twp. 18	Rge. 32	Is gas actually connected? no	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X							
Date Spudded 5-10-80	Date Compl. Ready to Prod. 6-25-80	Total Depth 4165		P.B.T.D. 3900					
Elevations (DF, RKB, RT, CR, etc.) 3715.2 GL	Name of Producing Formation Yates	Top Oil/Gas Pay 3249		Tubing Depth 3205					
Perforations 3249, 50, 52, 54, 55, 56, 57, 58, 59				Depth Casing Shoe 4165					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
10-3/4		8-5/8		372		250, circ to surface			
7-7/8		4-1/2		4165		1000 sx, cir to surface			

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 6-25-80	Date of Test 6-25-80	Producing Method (Flow, pump, gas lift, etc.) flow-swab	
Length of Test 4 hours	Tubing Pressure 0-50	Casing Pressure 250	Choke Size 3/4
Actual Prod. During Test	Oil-Bbls. 7	Water-Bbls. 2	Gas-MCF 8.1

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. 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.

*L.B. Burleson*  
(Signature)

President

(Title)

June 23, 1980

(Date)

OIL CONSERVATION COMMISSION

APPROVED *[Signature]* JUL 7 1980, 19

BY *[Signature]*

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.

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