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Appropriate District Office
DISTRICT 1
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

DISTRICT II

## OIL CONSERVATION DIVISION

P.O. Drawer DD, Artesia, NM 88210	C		0x 2088			
DISTRICT III	Sant	a re, New M	exico 87504-2088			
1000 Rio Brizos Rd., Aziec, NM 87410	REQUEST FO	R ALLOWA	BLE AND AUTHOR	IZATION		
I.			AND NATURAL G	iAS		
Operator				Well	API No.	- 611V 43
Lewis B. Burleson,	Inc.				20-097	<u>-040-13</u>
Address P.O. Box 2479	Midlend Tax	70700				
Reason(s) for Filing (Check proper box)	Midland, Tex	as 79702		J-1-1		·····
New Well	Change in Ti	ransporter of:	Other (Please exp	Kavi)		
Recompletion		ry Gas	Effective	February	/ 1. 1994	
Change in Operator		condensate		ر عدا عدادي	, 1, 100	
If change of operator give name and address of previous operator		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
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II. DESCRIPTION OF WELL Lesse Harre						
State A-26	Well No. P	ool Name, Includ	ing Formation Yates -SR-0		of Lease, Federal or Fee	Lease No.
Location		Luiiont -	iarez -2K-ú	5444	, receive or ree	
Unit Lener	. 1980 .		South 6	60		
	* 3	a right the	Libe and	F	eet From The	lest Line
Section 26 Townsh	<sub>ip</sub> 19-S	2nge 36.	-E , NMPM,	Lea		County
THE DESIGNATION OF THE LA	100000000000000000000000000000000000000		The Control of the Co			<u> </u>
III. DESIGNATION OF TRAIT		AND NATU	RAL GAS	· · · · · · · · · · · · · · · · · · ·		
Navaio Refining Co	AA-J	· D	Address (Give address to w	hich approved	d copy of this form	is to be sens)
Name of Authorized Transporter of Casin	ighead Gas T	Dry Gas	Address (Give address to w	New M	CONVICTOR CONTRACTOR	is to be sent
Sid Richardson Cabr	on & Gasoline		1st City Bank 1	Tower 20	11 Main Ft	Worth, TX
If well produces oil or liquids, give location of tanks.	Unit   Sec. T	rp. Rge.	is gas, actually connected?	When		Mor ons 1X
If this production is comminded with the	(mm n=1) alb = 1					
If this production is commingled with that IV. COMPLETION DATA	Troit any other lease or poo	x, give commingl	ng order number:	· · · · · · · · · · · · · · · · · · ·		
	Oil Well	Gas Well	New Well   Workover	1	·	
Designate Type of Completion	· (X)	14 19 19 19	Markey Hell   Workover	Deepen	Plug Back San	ne Res'v Dist Res'v
Date Spudded	Date Compl. Ready to Pri		Ilou Depth	J	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	· 数	in-110(8-11).			1151(1.5)	
(ST TOOL KT OK, ELC.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth	
Perforations						
					Depth Casing Shi	oe ·
	TUBING, CA	SING AND	CEMENTING RECOR	ח		
HOLE SIZE	CASING & TUBIN	IG SIZE	DEPTH SET		SACKS CEMENT	
					UAU.	10 OCHICHT
:	See See		STATE OF THE STATE			
Y, TEST DATA AND REQUES	T FOR ALLOWARI	F			:	
OIL WELL (Test must be after re	covery of total volume of la	ad ou and much	Citalia or exceed top allo	and the court		
Date First New Oil Run To Tank	Date of Test	7-741-850E	inducing Method (Flow, no	mp eas lift et	depth or be for ful	124 hows.)
Length of Test			ir dichig Method (Flow, pw	· + 1 8 191, c,	4.7	
Duga. G. (Ca	Tubing Pressure		Casing Pressure		Choke Size	
Actual Prod. During Test	Oil - Bbls.	10000000000000000000000000000000000000	UASS SE			
		- 10 A 10 B 10 B 10 B	Water - Bbis.		Gas- MCF	
GAS WELL						
Actual Prod. Test - MCF/D	Length of Test	M	bli: Condensate/MMCF	······································	A	·
erting Method (-1	- 43		MIN CORGER MEN WICH		Gravity of Conden	Sale
esting Method (pitox, back pr.)	Tubing Pressure (Shut-in)	3 3 3 3 4 5	asing Pressure (Shut-in)		Choke Size	
A ODED A TOTAL					- OLC	
A. OPERATOR CERTIFICA	TE OF COMPLIA	NCE				
" I NO POT CEILLY (Ma) The Biles and		123 TO SEE AND A 12 WORKS TO 1	OIL CON	SERVA	VID NOIT	ISION
Division have been complied it and that the information given above is true and complete to the sest of my knowledge and belief.						
1 1.			Date Approved	JA	N 25 1994	
Steven L. Burleson	Vice Due		By ORIGI	NAL SIGN	ED BY JERRY	SEXTON
Printed Name	Vice-Presi	4788		DISTRICT	SUPERVISOR	<del>}</del>
1/21/94 Date	915/683-474 <b>7</b>		;;Title			
N 41¢	Telephone		eria i			
TNOTE LOTT ON IS	* * <u>}</u>	A CONTRACT OF THE PARTY OF THE				

- INSTRUCTIONS: This form is to be filed in compliance with Rule 1604.

  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 per and recompleted wells.

  3) Fill out only Sections I, II, III, and VI for changes of operator. Vellulating or number, transporter, or other such changes.

  4) Separate Form C-104 must be filed for each pool in multiply completed wells.