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

State of New Mexico Energy, Minerals and Natural Resources Department Furm 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

DISTRICT III		Sa	anta Fe,	New Me	exico 8750	4-2088					
1000 Rio Brazos Rd., Aztec, NM 87410						AUTHORIZ					
I, Operator		TOTR	ANSPO	ORT OIL	AND NA	TURAL GA	Nell A	PLNo			
Lewis B. Burleson,	Inc.										
Address P.O. Box 2479	Midla	nd, Te	exas 7	9702						:	
Reason(s) for Filing (Check proper box)					Oth	et (Please expla	in)				
Recompletion	Oil	Change i	n Transpor								
Change in Operator	Casinghe	ad Gas	Conden								
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LE	CASE	·			,,					
Lesse Name Shell State	Well No. Pool Name, Including 1 Eumont (Yt				- 1 -			of Lease St Lease No. Federal or Fee A-1118			
Location		1 -	Lum			660				1110	
Unit LetterE	_ :	.980	_ Feet Fro	om The	orth Lim	e and	Fe	et From The	West	Line	
Section 7 Townshi	p 19	S	Range	37E	, N	мрм,	Lea			County	
THE DECICAL PRONING TED AN	ICDODA	CD OF 6	N	n ki amri	DAT GAG						
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	or Coade		U NA I U		e address 10 wh	ich approved	copy of this fo	orm is to be se	ਧ)	
none											
Name of Authorized Transporter of Casin Sid Richardson Carbon	of Casinghead Gas or Dry Gas Address (Give address) Oon & Gasoline Co. 1st City Bar					e <i>address jo wh</i> y Bank T	which approved copy of this form is to be sent) Tower 201 Main Ft. Worth, TX 76102				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	 		When				
If this production is commingled with that IV. COMPLETION DATA	from any of	her lease o	r pool, giv	e comming)	ing order num	рег	1				
		Oil We	11 0	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		i	i		<u>i</u>		L	riug back	Same Res v	Dill Kes v	
Le Spudded Date Compl. Ready to Prod.					Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	vations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
Perforations	<u> </u>					· · · · · · · · · · · · · · · · · · ·		Depth Casin	e Shoe		
T								Dept. C25	g onec		
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					CEMENTI	NG RECOR	D	CACAC CENENT			
MOLE SIZE	CASING & TODING SIZE			0125	DEP IN SET			SACKS CEMENT			
							<u> </u>				
V. TEST DATA AND REQUES OIL WELL Test must be after t											
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Te		e of load o	ou and must		exceed top allow thod (Flow, pu			for full 24 how	5.)	
1 4 47		·				·					
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL	1			··	1						
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pirox, back pr.)	Tubing Pr	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
	1				<u> </u>	·					
VI. OPERATOR CERTIFIC				ICE		DIL CON	ISERVA	ATIONI		NI	
I hereby certify that the rules and regul Division have been complied with and	that the info	ormation gi	ervation ven above							1 4	
is true and complete to the best of my knowledge and belief.					Date	Approve	d b				
naron	Ila	rel									
Sharon Beaver	Production Clerk				By Decided Siles Say (Sile See See See See See See See See See S						
Printed Name February 20, 1992		015 10	Title	À 7	11	ratificati					
Date Date			83-47 lephone N							·	

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.