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)> T X	State of	New Mexico	- 			Form	C-104 1	
Submit 5 Copies Appropriate District Office DISTRICT I	Energy, Minerals and Natural Resources Department								
P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION						at Boti	tom of Page	
DISTRICT II P.O. Drawer DD, Anesia, NM 88210	P.O. Box 2088 Santa Fe, New Mexico 87504-2088								
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	1	.*	••••						
I.	HEQUEST	FOR ALLOW							
Operator		MANOPUNIC	IL AND NA	I UNAL GA		API No.	7- 0		
Lewis B. Bur	wis B. Burleson, Inc.					30-025-03494			
P.O. Box 2479		Nidland.	, Texa	3 19	102				
Reason(s) for Filing (Check proper box) New Well				net (Please expl					
	Oil	te in Transporter of:			• •				
Change in Operator	Casinghead Gas	Condensate				<u>.</u>			
and address of previous operator		······	·					·	
I. DESCRIPTION OF WELL	L AND LEASE	Vo Bool Mana Ind		``					
State KT-24		No. Pool Name, Inclu	V.SR	- QN		of Lease , Federal or Fe		lease No.	
Location	231	_	6. J	18	00		8.1	· · · · · · · · · · · · · · · · · · ·	
Unit Letter	_:	Feet From The	LUTA Li	e and <u>190</u>	80- F	eet From The	Cast	Line	
Section 24 Towns	hip 215	Range S	<u> 58 , к</u>	MPM,	Lea	٠		County	
III. DESIGNATION OF TRA	NSPORTER OF	OIL AND NAT	URAL GAS						
Name of Authorized Transporter of Oil	X EOP		Address (Gin	address to wh	ich approved	d copy of this fo	rm is to be s	eni)	
				Address (Give address to which appro			HOUSED, 1x 772/0-		
If well produces oil or liquids,	Unit Sec.	Twp. Rg	P.O.d	OK 1150		land,	TX TA	102	
give location of tanks.		i i i		y connected?	When	17			
If this production is commingled with that IV. COMPLETION DATA	from any other lease	or pool, give commin	gling order num	ber:	<u></u>				
Designate Type of Completion	Oil W	/eli Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready	y 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		
	TUBIN	G, CASING ANI	CEMENTI	NG RECORI	<u> </u>	<u> </u>			
HOLE SIZE	CASING &	TUBING SIZE	DEPTH SET			SACKS CEMENT			
					•				
V. TEST DATA AND REQUE OIL WELL (Test must be after a	ST FOR ALLOY	VABLE		· · · · · · · · · · · · · · · · · · ·					
Date First New Oil Run To Tank	Date of Test	ne of load oil and mus	i be equal to or	exceed top allow thod (Flow, pur	vable for this	depth or be fo	r full 24 how	's.)	
Length of Test		· · ·	Contraction and the second	uiou (1-10%, pun	φ, χαι της κ	ic.j			
	Tubing Pressure	• • • ·	Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas- MCF			
GAS WELL	<u> </u>	·							
Actual Prod. Test - MCF/D	Length of Test		Bbis. Condens	ate/MMCF		Gravity of Co	dencia		
Testing Method (puol, back pr.)	Tubing Pressure (Sh	Casing Pressure (Shut-in)							
			Casing Pressui	e (Shut-in)		Choke Size			
VI. OPERATOR CERTIFIC	ATE OF COM	PLIANCE							
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information from the				OIL CONSERVATION DIVISION					
is true and complete to the best of much	nowledge and belief.		Date	Approved	001	27 1993			
sr h	\swarrow			0010199					
Steven L. Burles	By								
Printed Name 10-25-93	Title								
Date	(9K5) 682 Tel	iephone No.					_		
			<u> </u>						

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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. All sections of this form must be filled out for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.