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Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

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1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

|   |   |
|---|---|
| Operator<br><b>Lewis B. Burleson, Inc.</b>  | Well API No.<br><b>30-025-25675</b>   |
| Address<br><b>P. O. Box 2479 Midland, Texas 79702</b>                                   |   |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) |   |
| New Well <input type="checkbox"/>   | Change in Transporter of:   |
| Recompletion <input type="checkbox"/>   | Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>    |
| Change in Operator <input type="checkbox"/>   | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| To be effective <b>11/1/91</b>  |   |

If change of operator give name  
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

|  |                         |   |   |                                |
|--|-------------------------|---|---|--------------------------------|
| Lease Name<br><b>M<sup>3</sup>Quatters</b> | Well No.<br><b>1</b>    | Pool Name, Including Formation<br><b>Eumont Queen</b> | Kind of Lease<br>State, Federal or <u>Fee</u> | Lease No.                      |
| Location                                   |                         |   |   |                                |
| Unit Letter<br><b>C</b>                    | <b>660</b>              | Feet From The <b>North</b> Line and                   | <b>1980</b>                                   | Feet From The <b>West</b> Line |
| Section<br><b>12</b>                       | Township<br><b>21-S</b> | Range<br><b>36-E</b>                                  | NMPM,<br><b>Lea</b>                           | 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"/>         | Address (Give address to which approved copy of this form is to be sent) |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| <b>Sid Richardson Carbon &amp; Gasoline Co.</b>  | <b>1st City Bank Tower 201 Main Ft Worth, TX 76102</b>                   |
| If well produces oil or liquids,<br>give location of tanks.  | Unit Sec. Twp. Rge. Is gas actually connected? When?                     |
|  | <b>405</b>   |

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 |
| Date Spudded                       | Date Compl. Ready 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 |           |            |            |

TUBING, CASING AND CEMENTING RECORD

|           |                      |           |              |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

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 Tank | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                 | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test       | Oil - Bbls.     | Water - Bbls.                                 | Gas - MCF  |

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. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature **Sharon Beaver**  
Printed Name **Sharon Beaver** Title **Production Clerk**  
Date **November 4, 1991** Telephone No. **(915)-683-2422**

OIL CONSERVATION DIVISION

Date Approved

By **DAVID L. SEXTON** SUPERVISOR

Title

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.

**RECEIVED**

**NOV 07 1991**

**OCD  
HOBBS OFFICE**

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
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DISTRICT II  
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State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

|  |   |   |
|--|---|---|
| Operator<br><b>Lewis B. Burleson, Inc.</b>   |   | Well API No.<br><b>30-025-25675</b>   |
| Address<br><b>P. O. Box 2479 Midland, Texas 79702</b>  |   |   |
| Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) |   |   |
| New Well <input type="checkbox"/>  | Change in Transporter of:   |   |
| Recompletion <input type="checkbox"/>  | Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>    | Last previous C-104 erroneously<br>named Sid Richardson Carbon & Gasoline<br>Co. as Transporter |
| Change in Operator <input type="checkbox"/>  | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |   |
| If change of operator give name<br>and address of previous operator                                |   |   |

II. DESCRIPTION OF WELL AND LEASE

|                                 |                      |   |  |           |
|---------------------------------|----------------------|---|--|-----------|
| Lease Name<br><b>McQuatters</b> | Well No.<br><b>1</b> | Pool Name, Including Formation<br><b>Eumont Queen</b> | Kind of Lease<br>State, Federal or Fee | Lease No. |
| Location                        |                      |   |  |           |
| Unit Letter <b>C</b>            | <b>660</b>           | Feet From The <b>North</b> Line and <b>1980</b>       | Feet From The <b>West</b> Line         |           |
| Section <b>12</b>               | Township <b>21-S</b> | Range <b>36-E</b> , NMPM, <b>Lea</b>                  |  | County    |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |      |      |      |                            |       |
|--|--|------|------|------|----------------------------|-------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>                    | Address (Give address to which approved copy of this form is to be sent) |      |      |      |                            |       |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |      |      |      |                            |       |
| <b>El Paso Natural Gas Company</b>   | <b>P.O. Box 1492 El Paso, Texas 79978</b>                                |      |      |      |                            |       |
| If well produces oil or liquids,<br>give location of tanks.  | Unit   | Sec. | Twp. | Rge. | Is gas actually connected? | When? |
|  |  |      |      |      | <b>Yes</b>                 |       |

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 |
| Date Spudded                       | Date Compl. Ready 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 |           |            |            |

TUBING, CASING AND CEMENTING RECORD

|           |                      |           |              |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

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 Tank | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                 | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test       | Oil - Bbls.     | Water - Bbls.                                 | Gas - MCF  |

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. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation  
Division have been complied with and that the information given above  
is true and complete to the best of my knowledge and belief.

Signature Sharon Beaver  
Sharon Beaver Production Clerk  
Printed Name Title  
August 7, 1990 915/683-4747  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved \_\_\_\_\_  
By \_\_\_\_\_  
Title \_\_\_\_\_

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.

Submit 5 Copies  
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State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

|   |  |                                     |
|---|--|-------------------------------------|
| Operator<br><b>LEWIS B. BURLESON, INC.</b>  |  | Well API No.<br><b>30-025-25675</b> |
| Address<br><b>P. O. Box 2479 Midland, Texas 79702</b>                                   |  |                                     |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) |  |                                     |
| New Well <input type="checkbox"/>   | Change in Transporter of: <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> |                                     |
| Recompletion <input type="checkbox"/>   | Oil <input type="checkbox"/>   | To Be Effective <b>4/1/90</b>       |
| Change in Operator <input type="checkbox"/>   | Casinghead Gas <input type="checkbox"/>  | Condensate <input type="checkbox"/> |
| If change of operator give name and address of previous operator                        |  |                                     |

II. DESCRIPTION OF WELL AND LEASE

|   |                      |   |  |           |
|---|----------------------|---|--|-----------|
| Lease Name<br><b>McQUATTERS</b>   | Well No.<br><b>1</b> | Pool Name, Including Formation<br><b>EUMONT QUEEN</b> | Kind of Lease<br>State, Federal or Fee | Lease No. |
| Location<br>Unit Letter <b>HC</b> : <b>660</b> Feet From The <b>NORTH</b> Line and <b>1980</b> Feet From The <b>WEST</b> Line<br>Section <b>12</b> Township <b>21-S</b> Range <b>36-E</b> , NMPM, <b>LEA</b> County |                      |   |  |           |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |                                       |
|--|--|---------------------------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>                    | Address (Give address to which approved copy of this form is to be sent) |                                       |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |                                       |
| <b>Sid Richardson Carbon &amp; Gasoline Co.</b>  | <b>1st City Bank Tower 201 Main Ft. Worth, TX 76102</b>                  |                                       |
| If well produces oil or liquids, give location of tanks.   | Unit   | Sec.                                  |
|  | Twp.   | Rge.                                  |
|  |  | Is gas actually connected? <b>YES</b> |
|  |  | 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 |
| Date Spudded                       | Date Compl. Ready 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 |           |            |            |

TUBING, CASING AND CEMENTING RECORD

|           |                      |           |              |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

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 Tank | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                 | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test       | Oil - Bbls.     | Water - Bbls.                                 | Gas - MCF  |

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. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature **Sharon Beaver**  
Printed Name **Sharon Beaver** Production Clerk  
Date **March 27, 1990** Telephone No. **915/ 683-4747**

OIL CONSERVATION DIVISION

Date Approved **APR 17 1990**  
By **ORIGINAL SIGNED BY JERRY SEXTON**  
Title **DISTRICT I SUPERVISOR**

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.

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-1  
Effective 1-1-65

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

I. Operator  
Lewis B. Burleson, Inc.

Address  
Box 2479, Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner Burleson & Huff, Box 2479, Midland, Texas 79702

II. DESCRIPTION OF WELL AND LEASE

|   |                      |   |  |           |
|---|----------------------|---|--|-----------|
| Lease Name<br><u>McQuatters</u>   | Well No.<br><u>1</u> | Pool Name, Including Formation<br><u>Eumont Queen</u> | Kind of Lease<br>State, Federal or Fee fee | Lease No. |
| Location<br>Unit Letter <u>N</u> ; <u>660</u> Feet From The <u>north</u> Line and <u>1980</u> Feet From The <u>west</u><br>Line of Section <u>12</u> Township <u>21-S</u> Range <u>36-E</u> , NMPM, <u>Lea</u> County |                      |   |  |           |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |      |      |      |                            |      |
|--|--|------|------|------|----------------------------|------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>                    | Address (Give address to which approved copy of this form is to be sent) |      |      |      |                            |      |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |      |      |      |                            |      |
| <u>El Paso Natural Gas Co.</u>   | <u>Box 1492, El Paso, TX 79978</u>                                       |      |      |      |                            |      |
| If well produces oil or liquids, give location of tanks.   | Unit   | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|  |  |      |      |      | <u>yes</u>                 |      |

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. |
| Date Spudded                         | Date Compl. Ready 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 |           |             |              |
| TUBING, CASING, AND CEMENTING RECORD |                             |          |                 |          |                   |           |             |              |
| HOLE SIZE                            | CASING & TUBING SIZE        |          | DEPTH SET       |          | SACKS CEMENT      |           |             |              |
|                                      |                             |          |                 |          |                   |           |             |              |
|                                      |                             |          |                 |          |                   |           |             |              |
|                                      |                             |          |                 |          |                   |           |             |              |

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 | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                  | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test        | Oil-Bbls.       | Water-Bbls.                                   | Gas-MCF    |

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)

January 1979

(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 2 1979, 19

BY John Runyan  
Geologist

TITLE

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.