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

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

•						ND AUTHO		HON			
I. Operator		TO THA	NSPC	RIOI	LAND	NATURAL	JIAS	Well	API No.		
•	Tma							2		5-25	215
Lewis B. Burleson	i, inc.) - CON	7-00	
P. O. Box 2479	M·	idland,	Teva	ae 797	'02						
Reason(s) for Filing (Check proper bo		<u>tarana</u> ,	1020	<u> </u>	<u> </u>	Other (Please e	rplain)				
New Well	•	Change in	Transpor	ter of:					,		
Recompletion	Oil		Dry Gas	~ ~		To	be	effe	ctive 1	1/1/91	
Change in Operator	Casinghea	id Gas 🔲	Condens	ale 🗌							
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WEI	L AND LE										
M=Quatta	15	Well No.	Pool Nat	me, lociud <i>Ll777C</i>	- / / / /			id of Lease Lease N ie, Federal or Fee		.ease No.	
Location Unit Letter	. /	60		- /	2 ,	Line and	100	n -		Was	
10	: 	21 6	Feet Fro	201	<u>C</u>	•	_70	100	et From The	WWX	Line
Section / Town	nahip 🔿	7-5	Range (20 -	<u></u>	, NMPM,		Cac	<u> </u>		County
III. DESIGNATION OF TR. Name of Authorized Transporter of Or		or Condens		NATU			111				
. The drawn and the special drawn	, <u>x</u>	or connens			Accires	(Give address to	NAMEN	approved	і сору оў ікіз ў	orm is to be s	tri)
Name of Authorized Transporter of Ca	-		or Dry C	u: X	Address	(Give address to	which	арргочес	copy of this f	orm is to be s	tru)
Sid Richardson Carbo						City Bank		er 20	l Main l	t Worth	, TX /610
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas a	chually connected		When	?		
If this production is commingled with the	hat from any oth		ool sive		line and a		25	1			
IV. COMPLETION DATA	an non any our	er rease or p	cci, give	COMMITTEE	ung order	number:				<u> </u>	
Designate Type of Completi	on - (X)	Oil Well	G	s Well	New \	Well Workover	ľ	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded		ol. Ready to	Prod.		Total D	ersch			DDTD	<u> </u>	
						.,			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pi	roducing For	mation		Top Oil/Gas Pay Tubing Depth						
Perforations					1			·	Depth Casin	g Shoe	
	7	TIRING (TA CIDI	C AND	CEVE	NTING RECO			<u> </u>		
HOLE SIZE		SING & TUE			CEME	DEPTH SE			γ	SACKS CEM	CNIT
					 	DET THISE	_'			SACKS CEM	ENI
					 				 		
									<u> </u>		
V TECT DATA AND DECK	DOM NOW !	• • • •									
V. TEST DATA AND REQUOIL WELL Test must be after											
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Tes	ai volume oj	load ou	and must	be equal	so or exceed sop and general services of the s	liowab	le for thi	depth or be j	for full 24 hou	rs.)
	J	•			1100000	B Mediod (1710%)	pwnp,	gus iyi, e	16.)		
Length of Test	Tubing Pres	ente			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.				Gas- MCF		
···											
GAS WELL											
Actual Prod. Test - MCF/D	Length of T	esi			Bbls. Co	ndensate/MMCF			Gravity of C	ondensate	
Testing Method (pitot, back pr.)	Tubing Pres	ssure (Shut-ii	n)	·	Casing P	ressure (Shut-in)			Choke Size		
									1		
VI. OPERATOR CERTIF	CATE OF	COMPI	LANC	CE		0.11					
I hereby certify that the rules and re-	gulations of the (Oil Conserva	tion]]	OIL CO	NSE	ERV	I NOITA	DIVISIO	N
Division have been complied with a is true and complete to the best of m	ng that the information in the i	nation given d belief.	above								
1 1 1		· · · · · · · · · · · · · · ·	i.		D:	ate Approv	ed _				
Vynarien	of Dr	ונאנו '	}								
Signature Sharon Beaver	Pro	oductio	n C14	rk	B)	/ <u> </u>		- <u> </u>	o ay jego	Y SEXTON	
Printed Name								• : : :	SUPSAVIS	GR CA	
November 4, 1991	(9:	15)-683	ïце -2422	2	T i	tle					
Date		Telenh	one No.		[]				-		

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.
- 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 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 P.O. Drawer DD, Antesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 8741	REQUEST FOR		BLE AND AUTH				
Operator Lewis B. Burl	_			Well	ан № -025 <i>-2</i> 5	5675	
Address P. O. Box 247		Midland	Texas 79	1702	000 010	,,,,,	
Reason(s) for Filing (Check proper box		n i u i a ii u	, IEXAS / S				
New Well Recompletion	Change in Tra	ansporter of: ry Gas	Last pr	evious C-	104 erron	eously	
Change in Operator		ondennate				on & Gasoli	
f change of operator give name nd address of previous operator				-Transport 	er		
I. DESCRIPTION OF WEL	L AND LEASE						
moouatters		Name, Includ	ting Formation 1 Ducer	1 -	of Lease , Federal or Fee	Lease No.	
Location Unit Letter	14.0	ed From The	Jorth Line and	.000	eet From The	est Line	
Section 12 Town	ship 21-5 R	inge 36	E NMPM	Lea		Соцпту	
TI DECICNATION OF TO						COUNTY	
II. DESIGNATION OF TRA Name of Authorized Transporter of Oil	or Condensate			ss to which approve	d copy of this form is	to be sent)	
Name of Authorized Transcent of Co.							
Name of Authorized Transporter of Cau El Paso Natural G		Dry Gas	Address (Give addre		aso, Texas		
I well produces oil or liquids, ive location of tanks.	Unit Sec. Tw	vp. Rge.	. Is gas acqually conne			, , , , , , , , , , , , , , , , , , , ,	
this production is commingled with th	at from any other lease or poo	I, give comming	ling order number:				
V. COMPLETION DATA		-, 					
Designate Type of Completion	on - (X)	Gas Well	New Well Work	over Deepen	Plug Back Same	Res'v Diff Res'v	
ate Spudded	Date Compl. Ready to Pro	×4.	Total Depth		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		ation	Top Oil/Gas Pay		Tubing Depth		
erforations					Depth Casing Shoe		
	TUBING, CA	ASING AND	CEMENTING RI	ECORD			
HOLE SIZE	CASING & TUBIN	NG SIZE	DEPT		SACKS	CEMENT	
					-		
. TEST DATA AND REQUI						· · · · · · · · · · · · · · · · · · ·	
IL WELL (Test must be after ate First New Oil Run To Tank	r recovery of total volume of lo	and oil and must	be equal to or exceed	top al'owable for thi	is depth or be for full	24 hows.)	
	Date of Year		Producing Method (F	low, pwrp, gas lift, i	elc.)		
ength of Test	Tubing Pressure		Casing Pressure		Choke Size		
ctual Prod. During Test	Oil - Bbls.		Water - Bbis.		Gas- MCF		
······································							
GAS WELL citial Prod. Test - MCF/D	Length of Test		Thu- C	7.50			
Sugar or , car		Bbls. Condensate/MMCF		Gravity of Condensate			
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shu	-in)	Choke Size		
I. OPERATOR CERTIFI	CATE OF COMPLI	ANCE	1	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
I hereby certify that the rules and reg Division have been complied with an	rulations of the Oil Conservation	38	OIL	CONSERV	ATION DIVI	SION	
is true and complete to the best of m	w that the information given at y knowledge and belief.	∞ve	Data Ass	rovad		· 4	
Mona	Kenny		Date App	UVEID			
Signature Sharon Roayon	Dungling the same of		Ву		·		
haron Beaver Printed Name	Production C1						
lugust 7, 1990	915/683-4747		litle		·	· · · · · · · · · · · · · · · · · · ·	
-	Telephon	J€ NO.	H				

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

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 874	10 REQUEST FOR ALLOW	VABLE AND AUTHORIZ	ATION
I.	TO TRANSPORT	OIL AND NATURAL GAS	
Operator LEWIS B. BUF	RLESON, INC.		Well API No. 30-025-25675
Address			
P. O. Box 24	179 Midland,		
Reason(s) for Filing (Check proper bo.		Other (Please explain	·)
Recompletion	Change in Transporter of:		Effective 4/1/90
Change in Operator	= 27, 34,	т 10 ве	ETTECTIVE 4/1/90
If change of operator give name and address of previous operator	Casinghead Gas Condensate		
II. DESCRIPTION OF WEL	LL AND LEASE		
ME QUATTERS	Well No. Pool Name, Inc	ONT (VI)EEA)	Kind of Lease Lease No. State, Federal or Fee
Location	110	1)	
Unit Letter	Feet From The		BD Feet From The WEST Line
Section Town		SG-E, NMPM,	EA County
III. DESIGNATION OF TRA	ANSPORTER OF OIL AND NA		
Name of Authorized Transporter of Oi	or Condensate	Address (Give address to which	h approved copy of this form is to be sent)
Name of Authorized Transporter of Ca	usinghead Gas or Dry Gas	Address (Give address to which	h approved copy of this form is to be sent)
Sid Richardson Carbon		· }	er 201 Main Ft. Worth, TX 76
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. R	Rge. Is gas actually connected?	When?
If this production is commingled with the IV. COMPLETION DATA	hat from any other lease or pool, give comm	uingling order number:	
Designate Type of Completion	on - (X) 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
UO 5 0175	TUBING, CASING AN	ND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQU			
OIL WELL (Test must be after Date First New Oil Run To Tank	r recovery of total volume of load oil and m	uusi be equal io or exceed top allowe	ble for this depth or be for full 24 hours.)
Date First New Oil Run 10 lank	Date of Test	Producing Method (Flow, pump	, gas lift, etc.)
Length of Test	Tubing Pressure	Coring Description	
	Tooling Freesure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
GAS WELL			
Actual Prod. Test - MCF/D			
YEAR FIRE TEXT - 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 CERTIFIE	CATE OF GOVERN		
Thereby certify that the miles and	CATE OF COMPLIANCE	OIL CONC	EDVATION DUVISION
I hereby certify that the rules and reg Division have been complied with an	d that the information given above	II OIL CONS	ERVATION DIVISION
is true and complete to the best of m	y prowledge and belief.		APR 1 7 1990
_ Wharon	Keniun	Date Approved	- 1 NJU
Signature	<u> </u>	ByORIGINA	
Sharon Beaver	Production Clerk	Di	L SIGNED BY JERRY SEXTON
March 27 1990	015 / 602 4747	Title	STRICT I SUPERVISOR

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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Telephone No.

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

Date

DISTRIBUTION				
SANTA FE	SANTA FE			
I LE	I LE			
U.S.G.S.	U.S.G.S.			
LAND OFFICE	LAND OFFICE			
IRANSPORTER	OIL			
- TRANSFORTER	GAS			
OPERATOR				
PRORATION OF	ICE			
Operator				
lewis R	Rurle	son	١.	

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

•	L.S.G.S. LAND OFFICE IRANSPORTER GAS OPERATOR PRORATION OFFICE	AUTHORIZATION TO TR	AND PANSPORT OIL AND NA	ATURAL GAS			
	Operator D. D. J.	T					
	Lewis B. Burleson,	Inc.			·		
	Box 2479, Midland, T Reason(s) for filing (Check proper box New Well	Change in Transporter of:	Other (Please e	xplain)			
	Recompletion Change in Ownership	Oil Dry C	as				
	If change of ownership give name and address of previous owner	Burleson & Huff, Box	2479, Midland, Tex	kas 79702			
H.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including		ind of Lease			
	McQuatters	1 Eumont Queer		tate, Federal or Fee fee	Leas⊕ No.		
	Unit Letter	O Feet From The North Li	ne and1980	Feet From The West			
	Line of Section 12 To	waship 21-S Range	36-Е , ммэм,	Lea	County		
III.	DESIGNATION OF TRANSPOR				 		
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to t	which approved copy of this form	is to be sent)		
	Name of Authorized Transporter of Car		Address (Give address to which approved copy of this form is to be sent) BOX 1492, El Paso, TX 79978				
	El Paso Natural Gas C	Unit Sec. Twp. Rge.	Is gas actually connected?				
	give location of tanks.		yes				
IV.	If this production is commingled with COMPLETION DATA	Oil Well Gas Well	New Well Workover		Res'v. Diff. Res'v.		
	Designate Type of Completic	,					
	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	<u> </u>		Depth Casing Shoe			
		T	D CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS	EMENT		
			<u> </u>				
V.	TEST DATA AND REQUEST FO	able for this de	pth or be for full 24 hours)		or exceed top allow-		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, p	ump, gas lift, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Ga∎-MCF			
	GAS WELL						
ſ	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condens	11 0		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) Choke Size			
VI.	CERTIFICATE OF COMPLIANC	E	OIL COM	SERVATION COMMISSI	ON		
1	I hereby certify that the rules and re	gulations of the Oil Conservation					
	Commission have been complied washove is true and complete to the	th and that the information given best of my knowledge and belief.	BY John Runyen				
			TITLE	Goologist			
	\$BB (-			filed in compliance with RU			
_	(Signat	ure)	well this form must be	for allowable for a newly dr accompanied by a tabulation	of the deviation		
_	President		All sections of this	in accordance with RULE form must be filled out com			
_	January	1979	able 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.				
	(Date	· <i>)</i>					