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DISTRICT III  
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 Lewis B. Burleson, Inc.	Well API No. 30-025-31637
Address P.O. Box 2479 Midland, TX 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
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 Lockhart B-31	Well No. 9	Pool Name, Including Formation Jalmat T-Y-7R	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> or Fee	Lease No.
Location Unit Letter <u>C</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>31</u> Township <u>21S</u> Range <u>36E</u> , NMPM, Lea 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"/> Conoco Surface Transp.	Address (Give address to which approved copy of this form is to be sent) 10 Desta Drive Midland, TX 79701				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) 1040 Plaza Office Bldg. Bartlesville, OK 74004				
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 31	Twp. 21S	Rge. 36E	Is gas actually connected? <u>Yes</u> When? <u>10/1/92</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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 7/20/92	Date Compl. Ready to Prod. 9/1/92	Total Depth 3990	P.B.T.D. 3925					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation 7 Rivers-Yates	Top Oil/Gas Pay	Tubing Depth 3800					
Performances 3813'3915 (13 shots) 3472-3719 (28 shots)	OK PK - see note					Depth Casing Shoe ON LETTER		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		400'		375 SX			
7 1/4	5 1/2		3990'		800 SX			

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 9-1-92	Date of Test 10/6/92	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure 25	Casing Pressure 25	Choke Size
Actual Prod. During Test	Oil - Bbls. 15	Water - Bbls. 243	Gas - MCF 235

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  
Steven L. Burleson Vice-President  
Printed Name  
10-16-92  
Date  
915/683-4747  
Telephone No.

OIL CONSERVATION DIVISION

OCT 2 1992

Date Approved

By ORIGINAL SIGNED BY RAY SMITH  
FIELD REP. II

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.