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Appropriate District Office
DISTRICT I
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

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

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.

| | |
|---|---|
| Operator Lewis B. Burleson, Inc. | Well API No. 30-025-31637 |
| Address P.O. Box 2479 Midland, Texas 79702 | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) | |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: Requesting Test Allowable 600 bbls |
| 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-SR | Kind of Lease State, Federal or Fee | Lease No. |
| Location | | | | |
| Unit Letter C | 660 | Feet From The North Line and 1980 | Feet From The West Line | |
| Section 31 | Township 21-S | Range 36-E | 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, Texas 79701 | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | |
| If well produces oil or liquids, give location of tanks. | Unit C | Sec. 31 | Twp. 21-S | Rge. 36-E |
| | | | Is gas actually connected? | 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 <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. 9/01/92 | Total Depth 3990 | P.B.T.D. 3925' | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation 7 Rivers | Top Oil/Gas Pay | Tubing Depth 3800' | | | | | |
| Perforations 3813-3915 (13 shots) | OK PK | Depth Casing Shoe | | | | | | |

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 9/1/92 | Producing Method (Flow, pump, gas lift, etc.) Pumping | |
| Length of Test 24 hours | Tubing Pressure | Casing Pressure 25# | Choke Size n/a |
| Actual Prod. During Test | Oil - Bbls. 20 | Water - Bbls. 25 | Gas - MCF 8 |

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]
Signature
Steven Burleson Vice-President
Printed Name
Sept. 3, 1992 Date
915/683-4747 Telephone No.

OIL CONSERVATION DIVISION
SEP 09 '92

Date Approved _____

By **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I 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.