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

DISTRICT II

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. Drawer DD, Artesia, NM 88210		Box 2088		
DISTRICT III	Santa Fe, New M	1exico 87504-2088		
1000 Rio Brazos Rd., Azzec, NM 87410		BLE AND AUTHORIZATION		
I. Operator	TO TRANSPORT OF	L AND NATURAL GAS	API No.	
LEWIS B. BURL	ESON, INC.	Weil	Ari No.	
Address				
P. O. BOX 247 Reason(s) for Filing (Check proper box)	9 Midland, Te			
New Well	Change in Transporter of:	Other (Please explain)		
Recompletion	Oil Dry Gas	To Be Effe	ctive 4/1/90	
Change in Operator	Casinghead Gas Condensate			
If change of operator give name and address of previous operator				
II. DESCRIPTION OF WELL	AND I FASE			
Lease Name	Well No. Pool Name, Includ	ting Formation Kind	of Lease Lease No.	
- FARNEY	3 VALMATY	ATES-VEUEN KIVERSIDE	Federal or Fee U-030.557-F	
Location			1	
Unit Letter	_ : _ G G C Feet From The _	NORTHLINE and 660	feet From The <u>LAST</u> Line	
Section 5 Townsh	ip $23-S$ Range 30	6-E, NMPM, LEA	County	
III DESIGNATION OF TOAN	SCHOPTER OF OH AND MARK	-, /	Count	
Name of Authorized Transporter of Oil	SPORTER OF OIL AND NATU	Address (Give address to which approve	d convertible form is to be	
		The same as to wrach approve	a copy of this form is to be sent)	
Name of Authorized Transporter of Casin	ghead Gas or Dry Gas or Dry Gas	Address (Give address to which approve	d copy of this form is to be sent)	
Sid Richardson Carbon If well produces oil or liquids,		<u> </u>		
give location of tanks.	Sac. Wp. Rge.	Is gas actually connected? When	ı ?	
If this production is commingled with that	from any other lease or pool, give comming	ling 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.)				
Lievadous (Dr., RAB, RI, GR, EIC.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations		1	Depth Casing Shoe	
			beput Casing Snoe	
HOLE SIZE	TUBING, CASING AND			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V. TEST DATA AND REQUES	T FOR ALL OWARDS			
OIL WELL (Test must be after re	ecovery of total volume of load oil and must	he equal to an annual transition of the		
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift,	s depth or be for full 24 hours.)	
Length of Test				
rengti or rea	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.	Gas- MCF	
			January Market	
GAS WELL			1	
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			
to the total (plan, wat pr.)	ruoing rressure (Snut-m)	Casing Pressure (Shut-in)	Choke Size	
VI. OPERATOR CERTIFIC	ATE OF COMBLIANCE			
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.		OIL CONSERVATION DIVISION		
				is the sea complete to the best of my b
Tharon	Dealan			
Signature		By ORIGINAL SIGNED BY JERRY SEXTON		
Sharon Beaver Production Clerk		DISTRICT	SUPERVISOR	
March 27, 1990 9	15/ 683-4747 Title	Title		
Date	Telephone 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.
- 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.

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