

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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| FILE                   |     |
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| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PRODUCTION OFFICE      |     |

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Lewis B. Burleson, Inc.

Address  
P.O. Box 2479 Midland, TX 79702

Reason(s) for filing (Check proper box)

|  |   |   |
|--|---|---|
| <input type="checkbox"/> New Well                | Change in Transporter of:               |   |
| <input checked="" type="checkbox"/> Recompletion | <input type="checkbox"/> Oil            | <input checked="" type="checkbox"/> Dry Gas |
| <input type="checkbox"/> Change in Ownership     | <input type="checkbox"/> Casinghead Gas | <input type="checkbox"/> Condensate         |

Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|  |               |   |  |                     |
|--|---------------|---|--|---------------------|
| Lease Name<br>Farney   | Well No.<br>4 | Pool Name, including Formation<br>Jalmat (T-YTS-7R) | Kind of Lease<br>State, Federal or Fee Fed | Lease No.<br>036557 |
| Location<br>Unit Letter B ; 660 Feet From The North Line and 1650 Feet From The East<br>Line of Section 5 Township 23-S Range 36-E, NMPM, Lea County |               |   |  |                     |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

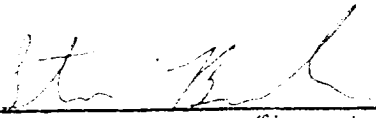
|   |  |
|---|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| El Paso Natural Gas Co.   | Box 1492 El Paso, TX 79978   |
| If well produces oil or liquids,<br>give location of tanks.   | Is gas actually connected? When  |
|   | Yes 5/88 4-29-88   |

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

  
(Signature)  
Vice-President  
(Title)  
11/3/88  
(Date)

OIL CONSERVATION DIVISION  
DEC 2 1988  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
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.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

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OCD  
HOBBS OFFICE