Submit 5 Copies Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210 <u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410 I.	State of New Energy, Minerals and Natur OIL CONSERVA P.O. Bo Santa Fe, New Me REQUEST FOR ALLOWABI TO TRANSPORT OIL	ral Resources Department FION DIVISION x 2088 xico 87504-2088 LE AND AUTHORIZATION AND NATURAL GAS	Form C-104 Revised 1-1-89 See Instructions at Bottom of Page
Operator Lewis B. Burles Address P. O. Box 2479 Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL A Lease Name Pederal V Location Unit Letter	Midland, Change in Transporter of: Oil Dry Gas A Casinghead Gas Condensate AND LEASE Well No. Pool Name, Includin Talmat -	Texas 79702 X Other (Please explain) Last previous C- named Sid Richar Co. as Transport State T-CIES-SR State	104 erroneously dson Carbon & Gasolin
Section 5 Township	22-5 21-1	E, NMPM, Lea	County
III. DESIGNATION OF TRAN	SPORTER OF OIL AND NATUR	RAL GAS Address (Give address to which approved	
Name of Authorized Transporter of Casing El Paso Natural Gas If well produces oil or liquids, give location of tanks.	Company Unit Sec. Twp. Rge.	Is gas actually connected? When	aso, Texas 79978
If this production is commingled with that it IV. COMPLETION DATA	rom any other lease or pool, give commingli	,,,,,,,	
Designate Type of Completion		New Well Workover Deepen	Plug Back Same Res'v Diff Res'v
Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations	Date Compl. Ready to Prod. Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth Depth Casing Shoe
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE	CEMENTING RECORD DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUES OIL WELL (Test must be after r Date First New Oil Run To Tank	TFOR ALLOWABLE ecovery of total volume of load oil and must Date of Test	be equal to or exceed top allowable for th Producing Method (Flow, pump, gas lift,	elc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	G25- MCF
GAS WELL Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensale
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 Sharon Beaver Production Clerk		OIL CONSERVATION DIVISION Date Approved	
Sharon Beaver Printed Name August 7, 1990 9 Date	$\frac{15/683-4747}{\text{Telephone No.}}$	Title	3

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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.