Submit 5 Copies
Appropriate District Office
DISTRICT 1 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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. 30-025-29273 Operator Lewis B. Burleson, Inc. Address 0. Box 2479 Midland, Texas 79702 Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of:

Dry Gas New Well Last previous C-104 erroneously Dry Gas Recompletion Oil named Sid Richardson Carbon & Gasoline Casinghead Gas Condensate Change in Operator as Transporter If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Pool Name, Including Formation
Jalmat, T Vates - 7R Lease No. A-261L State, Federal or Fee Location 000 860 Feet From The 107th Line and Feet From The III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas 💢 Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas .O. Box 1492 El Paso, Texas Company If well produces oil or liquids, give location of tanks. Rge. Unit 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 Oil Well Gas Well New Well Workover Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Date Spudded Total Depth Date Compl. Ready to Prod P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE DEPTH SET **CASING & TUBING SIZE** SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE (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.) OIL WELL Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil - Bbls Water - Bbls Gas- MCF **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with anothat the information given above is true and complete to the best of my mowledge and belief. Date Approved ron RUINI By_ Signature Production Clerk Sharon Beaver Printed Name Title_ 915/683-4747

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1990

- 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.

Telephone No.

- 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.