Submit 5 Copies
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

DISTRICT II

## OIL CONSERVATION DIVISION

P.O. Drawer DD, Artesia, NM 88210		Box 2088	
DISTRICT III	·	Mexico 87504-2088	
1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOW	ABLE AND AUTHORIZATION	NC
<u>I.</u>	TO TRANSPORT C	OIL AND NATURAL GAS	
Operator Lewis B. Burl	eson, Inc.		Well API No.
Address			
P. O. BOX 247  Reason(s) for Filing (Check proper box)		d, Texas 79702	
New Well	Change in Transporter of:	Other (Please explain)	
Recompletion	Oil Dry Gas		C-104 erroneously
Change in Operator	Casinghead Gas Condensate		iardson Carbon & Gasol
If change of operator give name and address of previous operator		<del>' Co. as Transpe</del>	rter
•	LANDIELCE		· · · · · · · · · · · · · · · · · · ·
II. DESCRIPTION OF WELI	Well No. Pool Name, Incl.	uding Formation	Kind of Lease No.
Stevens A-3	by a Jalmat		State, Federal or Fee LC-030556-A
Location			
Unit Letter	: 1650 Feet From The !	1050 Line and 1650	Feet From The <u>tast</u> Line
Section 34 Towns	hip 235 Range 31	E, NMPM, LO	G
			County County
III. DESIGNATION OF TRA	NSPORTER OF OIL AND NAT		
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appr	oved copy of this form is to be sent)
Name of Authorized Transporter of Casi	nghead Gas or Dry Gas	Address (Give address to this and	
El Paso Natural Ga		Address (Give address to which appr P.O. BOX 1492 F.1	Paso, Texas 79978
If well produces oil or liquids,	Unit Sec. Twp. Rg		Yhen?
give location of tanks.		l Ves i	1948
If this production is commingled with tha IV. COMPLETION DATA	nt from any other lease or pool, give commin	ngling order number:	
Designate Type of Completion	Oil Well Gas Well	New Well   Workover   Deep	en Plug Back Same Res'v Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elustica (DE DEE DE CO			1.5.1.5.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
HOLE SIZE	TUBING, CASING ANI	CEMENTING RECORD	
TIOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUE	ST FOR ALLOWARIE		
OIL WELL Test must be after	TECOVERY OF I COLD WOLLING OF I COLD	et he aquat to an annual to the	
Date First New Oil Run To Tank	recovery of total volume of load oil and mu.  Date of Test	Producing Method (Flow, pump, gas I	if see 1
		, , , , , , , , , , , , , , , , , , , ,	ys, e.c.,
Length of Test	Tubing Pressure	Casing Pressure	. Choke Size
Actual Prod. During Test	Oil - Bbls.		
	On - Bois.	Water - Bbls.	Gas- MCF
GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	[C
			Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI ODED A TOD CED THE			
VI. OPERATOR CERTIFIC  I hereby certify that the rules and regul	ATE OF COMPLIANCE	OIL CONSER	VATION DUMBIO
DIVIDED have been complied with and	that the information given shows	OIL CONSER	VATION DIVISION
is true and complete to the best of my	knowledge and belief.	Data Assessed	
1/1/02	K	Date Approved	
Signature UNUTUN	Trans	By	
<u>Sharon Beaver</u>	Production Clerk	By	
Printed Name	15/683-4747 Title	Title	
August 7, 1990 9:	13/683-4/4/ Telephone No.	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
- 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.