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DISTRICT I
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

## 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. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410						AUTHOR					
I. Operator		O TRA	NSPO	RT OII	_ AND NA	ATURAL G	Well	API No.	25-23 <sub>0</sub>	مراره	
Lewis B. Burleson,	Inc.		<del></del>				•	30-00	0-20	840	
P. O. Box 2479	Mi	dland,	. Texa	s 797	02						
Reason(s) for Filing (Check proper box)		· · · · · · · ·				ther (Please exp	lain)	,			
New Well		Change in				m -	be effe	atima 1	1/1/91		
Recompletion	Oil Casinghear	1 G24 🔽	Dry Gas			. 10	be elle	ctive i	.1/1/91		
If change of operator give name					<del>-                                    </del>			<del></del>			
and address of previous operator										<del></del>	
II. DESCRIPTION OF WELL Lease Name	AND LEA		Dod No	ne Includ	ing Formation		Kind	of Lease	1.0	ase No.	
Stavans Q -	34	3	Ta	mai	E (T-)	43 - 7K		Federal or Fe		3055 (A	
Unit Letter	. 19	80	Feet From	m The	with.	ine and	<i>50</i> =	eet From The.	Wast	Line	
all all				T	. C						
Section 34 Townsh	ip 025	<u> </u>	Range	_ 3	ا, ح	√МРМ,	LAL	<u>U</u>		County	
III. DESIGNATION OF TRAI	NSPORTE	R OF OI	L AND	NATU	RAL GAS	<b>;</b>					
Name of Authorized Transporter of Oil X 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)					
Sid Richardson Carbon	_	<del></del>	or Dry G	45	1st Ci	ty Bank 1	Tower 20	l Main F	erm is to be ser It Worth,	"TX 761(	
If well produces oil or liquids, give location of tanks.			Twp.	Rge.	1 -	lly connected?	When	17 10			
If this production is commingled with the IV. COMPLETION DATA	from any other	r lease or p	pool, give	comming		<u> 405</u>					
Designate Type of Completion	- (X)	Oil Well	G	s Well	New Wel	Workover	Deepen	Plug Back	Same Res'v	Din Res'v	
Date Spudded	Date Comp	. Ready to	Prod.		Total Depth	<del></del>		P.B.T.D.	L		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations	1	<del></del>	<del></del>	<del></del>	1			Depth Casin	g Shoe	<del>*************************************</del>	
	<u>τ</u>	IIBING	CASIN	GAND	CEMENT	ING RECOR	2D	<u> </u>			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
	<u> </u>		<del></del>								
	<del> </del>							<del> </del>	<del></del>		
V. TEST DATA AND REQUE					<u> </u>	<del></del>		<del>1</del>			
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test		of load oil	and must					or full 24 hours	r.)	
	Date of 168				Fromicing N	sethod (Flow, p	штф, даз тут, с	::c.)			
Length of Test	Tubing Pressure				Casing Pres	Rure	· · · · · · · · · · · · · · · · · · ·	Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gu- MCF				
<u>-</u>	0 > 20					•		02			
GAS WELL					<u>*                                      </u>		· · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del>		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
VI. OPERATOR CERTIFIC	ATE OF	COX (D)	TANIC		ļ	<del></del>		1			
I hereby certify that the rules and regu	ations of the C	Dil Conserva	ation	.E		OIL CON	NSERV.	I NOITA	DIVISIO	Ν	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					→ √ 1 5 <b>199</b> 1						
to the and complete to the best of my	ETROWIED BE ADO	J belief.			Date	a Approve	d		· ~ IQQ §		
- Miron	Draw	u)				, ,			<b></b>		
Signature Sharon Beaver	Production Clerk				By						
Printed Name	·						* •				
November 4, 1991	(91	15)-683		2	Title	·	<del></del>		· · · · · · · · · · · · · · · · · · ·	<del></del>	
Date		Telen	hone 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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