

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRORATION OFFICE	

OIL CONSERVATION DIVISION

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

Form C-104
Revised 10-01-78
Format 08-01-83
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)

☐ New Well
☐ Recompletion
☒ Change in Ownership
☐ Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate

Other (Please explain)

Change of Operator

If change of ownership give name
and address of previous owner

Conoco Inc. P.O. Box 460 Hobbs, NM 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name Stevens A-34	Well No. 3	Pool Name, including Formation Jalmat (T-YTS-7R)	Kind of Lease State, Federal or Fee Fed	Lease No. 030556(A)
Location Unit Letter F : 1980 Feet From The North Line and 1650 Feet From The West Line of Section 34 Township 23S Range 36E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 460 Hobbs, NM 88240					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) Box 1492 El Paso, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? Yes	When 1971

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)

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 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 allow-
able 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.