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DISTRICT I
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## State of New Mexico Energy, Minerals and Natural Resources Department

Revised 1-1-89

DISTRICT II P.O. Drawer DD, Antesia, 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. Operator Lewis B. Burleson, Inc.

Address							<del></del>	<del></del>			
P. O. Box 2479			iΜ	dland,	, Texas	79702	<u>,                                      </u>				
Reason(s) for Filing (Check proper box)					XX Ou	ner (Please expl	ain)				
New Well  Recompletion	0.1	Change in			Las	t previ	ous C-	104 eri	roneous	.1v	
Change in Operator	Oil Casinghea	40	Dry G							Gasoli	
If change of operator give name	Catalgaca		Coulde		Co.	<del>as Tra</del>	nsport	er			
and address of previous operator											
II. DESCRIPTION OF WELL AND LEASE											
Dale Fed.	Well No. Pool Name, Includ							of Lease Lease No. Federal or Fee IA 0271 DILL			
Location 2		1 Scar box			ough - Y-SK State,			Federal or Fee 1603260460			
Unit Letter	اما :	60	Feet F	mm The	orth u	اما سوء	O F	eet From The	East	T /	
20 -	21	<u> </u>			٠			ect From The _	<u> </u>	Line	
Section Townshi	P 00.0	<u> </u>	Range	37.	и, О	мрм,	rea			County	
III. DESIGNATION OF TRAN	SPORTE	D UE U.	TT AN	ו זייני גוגא ברו	DAY CAC						
Name of Authorized Transporter of Oil	OKIE.	or Conden		U NATU		e address to w	hick approved	copy of this fo	rem is to be se		
						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)										nt)	
El Paso Natural Gas Company					P.O. Box 1492 El Paso, Texas 79978						
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge			Rge.	. Is gas actually connected? When			?			
If this production is commingled with that	from any oth	er lesse or	nool of	ve comminal	ling order num		l			<del></del>	
IV. COMPLETION DATA			pout, go		ing older hull			<del></del>			
Designate Time of Commission	00	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion  Date Spudded		<u></u>				Ĺ	Ĺ			]	
Date Springer	Date Comp	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pav					
						. • ,		Tubing Depth			
Perforations						<del></del>	<del></del>	Depth Casing Shoe			
							<del></del>				
TUBING, CASING A HOLE SIZE CASING & TUBING SIZE					CEMENTI		D	· · · · · · · · · · · · · · · · · · ·			
	0.0	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
						<del></del>		<del> </del>			
							· ·				
V TEST DATA AND DECLIES	T FOR A	T T OXIL									
V. TEST DATA AND REQUES OIL WELL (Test must be after to	I FUR A	LLUWA	REF								
Date First New Oil Run To Tank Date of Test						be equal to or exceed top allowable for this depth or be for full 24 hours.)					
	Producing Method (Flow, pump, gas lift, etc.)										
Length of Test	Tubing Pres	Tubing Pressure				re	· · · · · · · · · · · · · · · · · · ·	Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
CAC TITLE	<u> </u>							<u> </u>			
GAS WELL Actual Prod. Test - MCF/D	(Table 184										
The real real real real real real real rea	Length of Test				Bbls. Condensate/MMCF			Gravity of Co	ondensate		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMP	IJAN	CF				<u> </u>			
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.											
Tharm Deaver					Date Approved						
											Sharon Beaver
Printed Name	roduci		Cier Tille	K	_			• •			

915/683-4747 1990

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 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.