#### 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

give location of tanks.

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS I. Well API No Operator 30-025-25607 Lewis B. Burleson, Inc. Address P.O. Box 2479 Midland, Texas Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Dry Gas To Be effective 9/2/92 Recompletion Oil Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease No. Well No. | Pool Name, Including Formation Kind of Lease Jalmat-T-Y-SR State, Federal of Fee Cooper Location 2320 North 2310 West Unit Letter Feet From The . Line and Feet From The Line 24-S 36-E Lea 14 NMPM, County 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) Scurlock Permian Corp. 79702 P.O. Box 1183 Midland, Texas Address (Give address to which approved copy of this form is to be sent) 1st City Bank Tower 201 Main Ft. Worth, or Dry Gas Name of Authorized Transporter of Casinghead Gas X Sid Richardson Carbon & Gasoline Co. Tx 76102 Unit F Two Rge. Is gas actually connected? If well produces oil or liquids, When?

Designate Type of Completion	on - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	Date Compl. Ready to Prod.			<u>L</u>	·	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Perforations	<u> </u>		<del> </del>	Depth Casing Shoe						
	T	UBING, CA	ASING AND	CEMENTI	NG RECOR	D	<u> </u>			
HOLE SIZE		SING & TUBI			DEPTH SET		SACKS CEMENT			
		·						<del></del>		
								<del></del>		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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.)

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

VI. OPERATOR 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 above

Testing Method (pitot, back pr.)

is true and complete to the best of my knowledge and belief. Signature Sharon Beaver Production Clerk Printed Name 915/633-4747 Title 9/1/92 Date Telephone No

## OIL CONSERVATION DIVISION

Choke Size

SEP 0 3 '92 Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON

BISTRICT I SUPERVISOR

Title\_

Casing Pressure (Shut-in)

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.

Tubing Pressure (Shut-in)

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., Aztec, NM 87410	DE0	HESTE	OR ALLOWA		D VIITHUDI.	ZATION					
I.	REG		ANSPORT OF		· · · · · · · ·						
Operator	rator								<del></del>		
Lewis B. Burleson,	Inc.										
P. O. Box 2479	N.	ff d1 and	, Texas 797	102	•						
Reason(s) for Filing (Check proper box)	P.	IIGIANG	, lexas / //		Other (Please expla	iin)					
New Well		Change in	n Transporter of:		·		•				
Recompletion	Oil Contont		Dry Gai		To	be effe	ctive	11/1/91			
If change of operator give name	Clanghe	ad Car (2	Condensate _	·					<u></u>		
and address of previous operator	<del></del>		······································	<del> </del>					<del>~~</del>		
II. DESCRIPTION OF WELL	AND LE										
Lease Name		Well No.	Pool Name, Includ	_			of Lease No. Federal or Fee				
Location			Jogini	<u>uv - 1</u>	7-Y-3R			<u>                                    </u>			
Unit Letter	_:_2	310	Feet From The	Jast	Line and	720 E	et Emm The	North	6 Line		
5 min 11/	211	<b>/_</b> 5	۸.	_		,			#tauc		
Section /4 Townshi	POM		Range 36-	<u> </u>	, NMPM,	aa	····		County		
III. DESIGNATION OF TRAN	SPORTI	ER OF O	IL AND NATU	RAL GA	S						
Name of Authorized Transporter of Oil	ر ا	or Conder	Sale	Address (	Give address to wh						
Name of Authorized Transporter of Cazing	<u> Ner</u>			45E	HWY 80 M	Didlar	d, Tx	7970	1-9288		
Sid Richardson Carbon		Line C	or Dry Gas	1st C	<i>Give address to wh</i> ity Bank To	<i>ich approved</i> ower 20	copy of this f l Main l	<i>orm is to be se</i> It Worth	TX 7610		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. Rgs.	Is gas act	ually connected?	When					
If this production is commingled with that	E	14	1245 36E	<u> </u>	403						
IV. COMPLETION DATA	nom any ou	HEL ISTRE OF	poor, give comming	ing order n	umber:						
Designate Type of Completion	- (X)	Oil Well	Gas Well	New W	ell Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Com	pl. Ready to	Prod.	Total Dep	ch l		P.B.T.D.	<u> </u>	ــــــــــــــــــــــــــــــــــــــ		
Elegations /DE BKB DT CD	ļ	<del></del>									
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/G	as Pay		Tubing Depth				
Perforations	<u> </u>			<u> </u>	<del></del>		Depth Casin	a Chas			
							Depui Casin	g Snoe			
	<u> </u>	TUBING,	CASING AND	CEMEN'	TING RECORI	)		<del></del>			
HOLE SIZE	CA	SING & TL	IBING SIZE	DEPTH SET			SACKS CEMENT				
					<del></del>						
						<del></del>	<del> </del>				
TEST DATA AND DECLINE	TE FOR	11011				······································					
V. TEST DATA AND REQUES OIL WELL (Test must be after re											
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Te	<u> </u>	oj loda ou ana must	Producing	or exceed top allow Method (Flow, pur	vable for this vo. eas lift. et	depth or be f	or full 24 hours	<u>r.)</u>		
ength of Test		<del></del>									
waga a rea	Tubing Pre	tenie		Casing Pre	\$SUR		Choke Size				
Actual Prod. During Test	Oil - Bbls.			Water - Bbig			Gas- MCF				
GAS WELL							·				
Actual Prod. Test - MCF/D	Length of	Test		Bbls. Coad	lensate/MMCF	<del></del>	Gravity of C	ondensale			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Processor (Short In)							
					Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFICA	ATE OF	COMP	LIANCE					<del></del>			
I hereby certify that the rules and regular	tions of the I	Oil Concern	ntion		OIL CONS	SERVA	MOIT	DIVISIO	N		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Edges en la maria de la						
$\mathcal{L}_{\mathbf{A}}$	V.	1		Dat	e Approved			La 1991	•		
Maron	Dea	HLL)		_	ODIONIC	A		- ਜਨਾ ਜ਼			
Sharon Beaver	Pr	oductio	on Clerk	By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR							
Printed Name November / 1001	/0	15)-683	Title	Title				\$			
November 4, 1991 Date				''''	7 <u></u>						
		ı ereb	hone No.	I							

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.

# RECEIVED

NOV 07 1991

OCD HOBBS OFFICE

State of New Mexico Energy, Minerals and Natural Resources Department

Revised 1-1-89 See Instructions

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

#### OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Lewis B. Burleson, Inc. Address Midland, 79702 Texas 0. Box 2479 Reason(s) for Filing (Check proper box) XX Other (Please explain) New Well Change in Transporter of:

Dry Gas Last previous C-104 erroneously Recompletion named Sid Richardson Carbon & Gasoline Change in Operator Casinghead Gas Condensate Co. as Transporter If change of operator give name and address of previous operator SE
Well No. Pool Name, Including Formation
- SR II. DESCRIPTION OF WELL AND LEASE Kind of Lease Lease No. State, Federal or Fee OOPER Location 2310 Feet From The WEST Line and 2320 Feet From The WORTH Line 36.E , NMPM, DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Or Or OIL Address (Give address to which approved copy of this form is to be sent)
2413 E. Hwy BO MIDLAND, TX 79701-9288 or Cond Name of Authorized Transporter of Casinghead Gas  $\Box$ or Dry Gas Address (Give address to which approved copy of this form is to be sent) El Paso Natural El Paso, Gas Company Box 1492 Texas If well produces oil or liquids, give location of tanks. 1255 36E Is gas actually connected? When? Y 55 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well New Well Workover Gas Well Deepen Plug Back Same Res'v Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth 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 CASING & TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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.) 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) 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 and that the information given above AUG 1 9 1990 is true and complete to the best of my knowledge and belief. Date Approved URBU! By\_\_ Signature Sharon Beaver Production Clerk Printed Name Title\_ 915/683-4747 1990

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.

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.

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	1		1exico 8/304-2088							
I.			BLE AND AUTHO L AND NATURA		٧					
Operator LEWIS B. BURL			27112 11711 01 171	We	3D D25 -	<u>ーーーー</u> つ <i>厂</i> らハフ				
Address					32 025	25007				
P. O. BOX 247 Reason(s) for Filing (Check proper box)	/9 <u>N</u>	Midland, T	exas 79702  Other (Please	evolei-)						
New Well	_ p	in Transporter of:								
Recompletion Change in Operator	Oil Casinghead Gas	Dry Gas	То	Be Effe	ctive 4/1/	90				
If change of operator give name and address of previous operator	Campion Ca	Coddenate [		·						
II. DESCRIPTION OF WELL	ANDIFASE									
Lease Name		o. Popl Name, Includ	ting Formation	Kin	nd of Lease	Lease No.				
Location		VALMAT	7-4-5R	Stat	te, Federal or Fee					
Unit Letter	_: 2310	Feet From The	UEST Line and	1320	Feet From The	JORTH Line				
Section 14 Townsh	in 24-S	`	-E , NMPM.	LEA	rect From the					
III. DESIGNATION OF TRAN	VSPORTER OF					County				
The or temperate of Oil	or Cond	cossit	Address (Give address	to which approve	ed copy of this form is	to be sent)				
Name of Authorized Transporter of Casin	APRETING	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)  2415 F. HWY 80 MIDLAND TY 79701-928							
<u>Sid Richardson Carbon</u>	aghead Gas 🌠 & Gasoline C	70.	Address (Give address to which approved copy of this form is to be sent)  1st City Bank Tower 201 Main Ft. Worth, TX							
If well produces oil or liquids, give location of tanks.	Unit Sec.		11 gamactually connecte	d? Who	en?	Orth, IX /61				
If this production is commingled with that IV. COMPLETION DATA	from any other lease of	or pool, give comming	ling order number:							
Designate Type of Completion	Oil We	II Gas Well	New Well   Workove	r Deepen	Plug Back Same	Res'v Diff Res'v				
Date Spudded	Date Compl. Ready	to Prod.	Total Depth		1 1					
Elevations (DF, RKB, RT, GR, etc.)	Formation	Top Oil/Gas Pay		P.B.T.D.						
Perforations			lop old das ray		Tubing Depth					
					Depth Casing Shoe					
11015.055	TUBING	, CASING AND	CEMENTING REC	ORD						
HOLE SIZE	CASING & T	UBING SIZE	DEPTH S		SACKS	CEMENT				
		<del></del>								
TEST DATA AND REQUES	T FOR ALLOW	ABLE								
Date First New Oil Run To Tank	Date of Test	of load oil and must	be equal to or exceed top	allowable for th	is depth or be for full?	?4 hows.)				
ength of Test			Producing Method (Flow	, pwnp, gas lift,	etc.)					
one of the second	Tubing Pressure		Casing Pressure		Choke Size					
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.		Gas- MCF	Gas- MCF				
GAS WELL	1	<u> </u>								
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Condense	ale				
esting Method (pitot, back pr.)	Tubing Pressure (Shu	4-in)	Casing Pressure (Shut-in)		0.10					
T. OPER . TO					Choke Size					
I. OPERATOR CERTIFICAL	ATE OF COMP	LIANCE	011.00	NOFF	A 77.00.4 7	j				
I hereby certify that the rules and regular Division have been complied with and the true and complete with and the complete with a complete w	hat the information aim	vation en above	OIL CC	MSERV.	ATION DIVI	SION				
is true and complete to the best of my kr	nowledge and belief.		Date Approv	A her	PR 1 7 199	ð				
Tharon Dea	(HH)		2 ale Appier	<u></u>	111 - 100	<u>U</u>				
Signature Sharon Beaver	Production	Clark	By ORIGINAL SIGNED BY JERRY SEXTON							
Printed Name		Title	Title DISTRICT I SUPERVISOR							
Date 9	15/ 683-4747 Tele	phone No.		Mary Caragonia						
		. 1	-							

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.

### 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		Sa	inta Fe, New I	Mexico 875	04-2088						
I.			OR ALLOWA								
Operator		IO IN	MOPORTO	IL AND NA	TURAL GA		API No.				
Lewis B. Burleson, I	nc.	<del></del>									
P. O. Box 2479	Midlan	d, Tex	as 79702								
Reason(s) for Filing (Check proper box) New Well		Change in	Transporter of:	Oth	et (Please expli	zin)					
Recompletion	Oil		Dry Gas								
Change in Operator  If change of operator give name	Casinghea	d Gas	Condensate								
and address of previous operator	<del></del>						·				
II. DESCRIPTION OF WELL Lease Name	AND LEA		Deal No.	<del> </del>			,	•			
Cooper		2 3	Pool Name, Inclu Jalmat	T-y - 5	š R		of Lease Federal or Fee	Leas	e No.		
Location F	. 2310	n		Nee+	0000						
Onit Letter	_:2310	<u> </u>	Feet From The _	West Lin	e and2320	F	eet From The	North	Line		
Section 14 Townshi	ip 24-	<u>-S</u>	Range 36-	E , N	МРМ,	Lea			County		
III. DESIGNATION OF TRAN	ISPORTE	R OF O	IL AND NATI	TRAT. GAS							
Name of Authorized Transporter of Oil Sun Refining & Marketi	r <del>X X</del> n	or Conden	sate	Address (Giv	e address to wh	ich approved	copy of this form	is to be sent)			
Name of Authorized Transporter of Casin	ghead Gas	any 😿	or Dry Gas	<u>    2415 E. Hwy. 80 Midland, Texas 79701-9288</u>							
El Paso Natural Gas Coi	mpany			Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492 El Paso, Texas 79978							
give location of tanks.	rell produces oil or liquids, Unit Sec. Twp. Rge location of tanks. F 14 24-S 36-E					Is gas actually connected? When ?					
If this production is commingled with that IV. COMPLETION DATA	from any othe	r lease or	ool, give comming	ling order numb	er:						
IV. COMPLETION DATA		Oil Well	Gas Well	·							
Designate Type of Completion  Date Spudded		j	i	New Well	Workover	Deepen	Plug Back Sam	e Res'v D	iff Res'v		
Date phroned	Date Compl	l. Ready to	Prod.	Total Depth	·	<del></del>	P.B.T.D.	<u>-</u> <u>-</u> !.	<del></del>		
Elevations (DF, RKB, RT, GR, etc.)	Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Pay		Tubing Depth				
Perforations		<del></del>									
							Depth Casing Sho	œ			
HOLE SIZE	T	JBING,	CASING AND BING SIZE	1		)					
	UA3	ing a 10	BING SIZE	DEPTH SET			SACK	S CEMENT	-		
V 2000 D L 200		<del></del>			···						
V. TEST DATA AND REQUES OIL WELL (Test must be after re	T FOR AL	LLOWA	BLE				<u> </u>				
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	a rotable b	ioda ou ana musi	Producing Met	exceed top allow thod (Flow, pun	vable for this up, gas lift, e	depth or be for ful (c.)	l 24 hours.)	<del></del>		
Length of Test	Tubing Press			Casing Pressur			·				
Accord David David David				Casing Pleasure			Choke Size				
ual Prod. During Test Oil - Bbls.		Water - Bbls.			Gas- MCF						
GAS WELL				<u> </u>							
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)							
		•	,	Casing Pressur	e (Snut-in)		Choke Size				
I. OPERATOR CERTIFICA	ATE OF (	COMPL	LIANCE								
I hereby certify that the rules and regular Division have been complied with and the	ast the inform	ation	tion above	0	IL CONS	SERVA		MON			
is true and complete to the best of my kr	rôwiedge and	belief.		Date	Approved	મ	Allen				
- Maron J	Dain	لان			• •						
Sharon Beaver Production Clerk				By ORIGINAL SIGNED BY JERRY SEXTON  DISTRICT I SUPERVISOR							
Printed Name		7	ide	Title_			., 1 JUI ER 113C	• • •			
6/20/89 91 Date	5/683-4		one No	1108_		<del> </del>					

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.