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 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., Azzec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator			IL AND NATURAL (2/10					
Lewis B. Burle	eson. Inc.				API No.	25000			
Address		M		<u> </u>	1-022.	7825			
P. O. BOX 247! Reason(s) for Filing (Check proper box)		<u>Midland</u>	, Texas 7970	_					
New Well		Transporter of:	Other (Please ex						
Recompletion		Dry Gas	Last prev	ious C-	104 erro	neously			
Change in Operator f change of operator give name	Casinghead Gas []	Condensate	named Sid Co. as Tr			bon & Gasol			
and address of previous operator			το. α3 ΤΤ	u 113 p o 1-6	C1				
I. DESCRIPTION OF WELL	AND LEASE								
Lesse Name SON	Well No. F	Pool Name, Includ ALMA			of Lease Federal or Fee	Lease No.			
Unit Letter	330	Feet From The	brth Line and 2	310 =	et From The	Jest			
Section 5 Towns	hip 24-5 ,	Range 36.		ea		County			
II. DESIGNATION OF TRAI	NSPORTER OF OIL	L AND NATT	TRAL GAS						
The or viologized Turnsbotter of Off	r → Condensa	ue	Address (Give address to)	vhich approved	copy of this form	is to be sent)			
Sun Kefining & May Name of Authorized Transporter of Casin			2415 E. HW 80 Mid 1040 TV 297N-0280						
El Paso Natural Ga	is Company	or Dry Gas	Address (Give address to w	vhich approved PPPP	copy of this form				
If well produces oil or liquids, ive location of tanks.	Unit Sec. T	wp. Rge.	. Is gas actually connected?	When	aso, Tex	as 79978			
		20136	Ves	<u> </u>	-30-88)			
this production is commingled with that V. COMPLETION DATA	. from any other lease or po	ol, give comming	gling order number:						
Designate Type of Completion	Oil Well	Gas Well	New Well Workover	Deepen	Plug Back Sar	ne Res'v Dist Res'v			
ale Spudded	Date Compl. Ready to Pr	TOd.	Total Depth		P.B.T.D.				
levations (DF, RKB, RT, GR, etc.)	Name of Producing Form	nation	Top Oil/Gas Pay						
	2000	Top Old Gas Pay		Tubing Depth					
erforations			L		Depth Casing Sh	œ			
UOI E OIZE	TUBING, CASING AN			D D	1				
HOLE SIZE	CASING & TUBI	NG SIZE	DEPTH SET		SACKS CEMENT				
									
. TEST DATA AND REOUES	ST FOR ALLOWAR	16							
IL WELL (Test must be after r	ST FOR ALLOWAB recovery of total volume of I	LE oad oil and must	be equal to or exceed ton all	overhie for chi					
IL WELL (Test must be after r	ST FOR ALLOWAB recovery of total volume of I	LE load oil and must	be equal to or exceed top all Producing Method (Flow, po	owable for this ump, gas lift, et	depth or be for fu	ll 24 hows.)			
IL WELL (Test must be after rate First New Oil Run To Tank	Date of Test	LE load oil and musi	Producing Method (Flow, pi	owable for this unp, gas lift, et	c.)	ll 24 hows.)			
IL WELL (Test must be after rate First New Oil Run To Tank	recovery of total volume of l	LE load oil and musi	be equal to or exceed top all Producing Method (Flow, producing Pressure	owable for this ump, gas lift, et	depth or be for fu c.) Choke Size	ll 24 hows.)			
IL WELL (Test must be after rate First New Oil Run To Tank	Date of Test	LE load oil and musi	Producing Method (Flow, pi	owable for this ump, gas lift, et	c.)	ll 24 hows.)			
IL WELL (Test must be after rate First New Oil Run To Tank ength of Test ctual Prod. During Test	Date of Test Tubing Pressure	ILE load oil and musi	Casing Pressure	owable for this unp, gas lift, et	c.) Choke Size	ll 24 hows.)			
IL WELL (Test must be after rate First New Oil Run To Tank ength of Test ctual Prod. During Test GAS WELL	Date of Test Tubing Pressure	ILE load oil and musi	Casing Pressure Water - Bbls.	owable for this unp, gas lift, et	Choke Size Gas- MCF				
IL WELL (Test must be after rate First New Oil Run To Tank ength of Test ctual Prod. During Test GAS WELL ctual Prod. Test - MCF/D	Tubing Pressure Oil - Bbls. Length of Test	load oil and musl	Casing Pressure Water - Bbls. Bbls. Condensate/MMCF	owable for this unp, gas lift, et	c.) Choke Size				
IL WELL (Test must be after rate First New Oil Run To Tank ength of Test ctual Prod. During Test GAS WELL ctual Prod. Test - MCF/D sting Method (pitot, back pr.)	Tubing Pressure Length of Test Tubing Pressure Oil - Bbls.	load oil and must	Casing Pressure Water - Bbls.	owable for this unp, gas lift, et	Choke Size Gas- MCF				
IL WELL (Test must be after rate First New Oil Run To Tank ength of Test ctual Prod. During Test GAS WELL ctual Prod. Test - MCF/D sting Method (pitot, back pr.) I. OPERATOR CERTIFIC.	Tubing Pressure Oil - Bbls. Length of Test Tubing Pressure (Shut-in)	load oil and must	Producing Method (Flow, pi Casing Pressure Water - Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in)	ump, gas lift, el	Choke Size Gas- MCF Gravity of Conde Choke Size	DEALE			
IL WELL (Test must be after rate First New Oil Run To Tank ength of Test ctual Prod. During Test GAS WELL ctual Prod. Test - MCF/D sting Method (pitot, back pr.) I. OPERATOR CERTIFIC. I hereby certify that the rules and regular	Tubing Pressure Oil - Bbls. Length of Test Tubing Pressure Oil - Bols. ATE OF COMPLIANTED TO STATE OF COMPLIANTED TO STAT	ANCE	Producing Method (Flow, pi Casing Pressure Water - Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in)	ump, gas lift, el	c.) Choke Size Gas- MCF Gravity of Conde	DEALE			
IL WELL (Test must be after rate First New Oil Run To Tank ength of Test ctual Prod. During Test GAS WELL ctual Prod. Test - MCF/D sting Method (pitot, back pr.) I. OPERATOR CERTIFIC. I hereby certify that the rules and regula Division hade been complied with and	Tubing Pressure Oil - Bbls. Length of Test Tubing Pressure (Shut-in) ATE OF COMPLIA attions of the Oil Conservation below the information of the oil that	ANCE	Casing Pressure Water - Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in)	ISERVA	Choke Size Gas- MCF Gravity of Conde Choke Size	reale /ISION			
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ctual Prod. During Test GAS WELL ctual Prod. Test - MCF/D sting Method (pitot, back pr.) I. OPERATOR CERTIFIC. I hereby certify that the rules and regula Division have been complied with and it is true and complete to the best of my ke	Tubing Pressure Oil - Bbls. Length of Test Tubing Pressure (Shut-in) ATE OF COMPLIA attions of the Oil Conservation below the information of the oil that	ANCE	Producing Method (Flow, producing Pressure Water - Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in) OIL CON Date Approved	ISERVA	Choke Size Gas- MCF Gravity of Conde Choke Size	/ISION			
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ate First New Oil Run To Tank ength of Test ctual Prod. During Test GAS WELL ctual Prod. Test - MCF/D sting Method (pitot. back pr.) I. OPERATOR CERTIFIC. I hereby certify that the rules and regula Division have been complied with and to is true and complete to the best of my complet	Date of Test Tubing Pressure Oil - Bbls. Length of Test Tubing Pressure (Shut-in) ATE OF COMPLIATIONS of the Oil Conservation that the information given although the conservation of the Oil Conservation that the information given although the oil Conservation the oil Conservation that the information given although the oil Conservation that the information given although the oil Conservation that the oil Conservation the oil Conservation that the oil Cons	ANCE on bove	Producing Method (Flow, producing Pressure Water - Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in) OIL CON Date Approved	ISERVA	Choke Size Gas- MCF Gravity of Conde Choke Size	ISION			

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- 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.

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OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Ariesia, NM 88210

P.O. Box 2088
Santa Fa New Marrian 87504 2089

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 8	37410	w Mexico 87504-2088	
I.	REQUEST FOR ALLO	WABLE AND AUTHORIZ	ZATION
Operator	TO TRANSPORT	OIL AND NATURAL GA	
LEWIS B. B	URLESON, INC.		Well API No. 3D-025-278
Address	3.1223011, 1110.		30.0722-718-
P. O. Box	2479 Midland,	Texas 79702	
Reason(s) for Filing (Check proper	box)	Other (Please expla	in)
New Well	Change in Transporter of	f:	
Recompletion Change in Operator	Oil Ury Gas	☐ To Be	Effective 4/1/90
If change of operator give name	Casinghead Gas 🔀 Condensate		
and address of previous operator			
II. DESCRIPTION OF W			
Lease Name AMESON	Well No. Phol Name, I	nchuding Formation	Kind of Lease Lease No.
Location Co K	ALMAT	-1-Y S K	State, Federal or Fee
	27.0	1/2-	1.0
Unit Letter	Feat From Th	e NORTHLIDE and 23	10 Feet From The WEST
Section To	~ 1 ~	36-E , NMPM,	_EA Court
TTY DESCRIPTION			Count
Mame of Authorized Transporter of	RANSPORTER OF OIL AND NA	TURAL GAS	
SUN KEELING -	or Condensate	Address (Give address to which	th approved copy of this form is to be sent)
Name of Authorized Transporter of	Casinghead Gas Or Dry Gas	ATIDE, HWY X	MINIAUD TUTGTAL-9
Sid Richardson Carb	on & Gasoline Co	Address (Give address to which	th approved copy of this form is to be sent)
If well produces oil or liquids.		Rge. Is gas actually connected?	ver 201 Main Ft. Worth, TX
give location of tanks.		/ \ \\C	When?
IV. COMPLETION DATA	that from any other lease or pool, give comm	mingling order number:	11 50 82
Designate Type of Comple	Oil Well Gas We	II New Well Workover	Deepen Plug Back Same Res'v Diff Res
Date Spudded		1	Deepen Plug Back Same Res'v Diff Res
Date Sported	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	No. of D. J. i.		15.11.5.
(01) (1010), N1, ON, E1C.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			
			Depth Casing Shoe
	TUBING, CASING AN	ND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	
		321 111 321	SACKS CEMENT
V. TEST DATA AND REQU	FST FOR ALLOWARD		
OIL WELL (Test must be af	ter recovery of total volume of load oil and m	- Land Land	
Date First New Oil Run To Tank	ter recovery of total volume of load oil and m Date of Test	Producing Mathed (5)	ble for this depth or be for full 24 hours)
		Producing Method (Flow, pump	, gas lyti, eic.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test			5.00
	Oil - Bbls.	Water - Bbls.	Gas- MCF
GAS WELL			
Actual Prod. Test - MCF/D	Length of Test		
	Leagur or Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		
	(Silat-III)	Casing Pressure (Shut-in)	Choke Size
VI. OPERATOR CERTIF	ICATE OF COMPLIANCE		
i neleby centify that the rules and re	critations of the Ott Co.	OIL COME	EDVATION DU VOID
		OIL CONS	ERVATION DIVISION APR 1 7 1990
is true and complete to the best of n	ny knowledge and belief.		APK 1 / 1990
\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	600	Date Approved	
Signature	Yllilly		
Sharon Beaver	Production Clerk	ByORIGIN	AL SIGNED BY JERRY SEXTON
Printed Name	Tile	- []	DISTRICT I SUPERVISOR
March 27, 1990 Date	915/ 683-4747	1	
vat	Telephone No.		
		_ 11	

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

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III

Santa Fe, New Mexico 87504-2088

I.	REQ	JEST F	OR A	LLOW/	ABLE AND IL AND NA	AUTH	HORIZ	ZATION					
Operator Lewis B. Burleson							ic dr		API No.				
P. O. Box 2479		and,	Texa	as 79	702			·k		<u>,,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,</u>			
Reason(s) for Filing (Check proper box) New Well	···	Change in				ner (Plea	se expla	ія)					
Recompletion	Oil Casinghea		Dry C	ias 🗆	ר	O BI	E EF	FECTI	VE 11/1	/89			
If change of operator give name and address of previous operator													
II. DESCRIPTION OF WELL Lease Name	AND LE	ASE	Tr		T-V-								
Jameson Location		1	J	almat	(Seven	Rive	ers)	Kind State	of Lease Federal or Federal	e Le	2se No.		
Unit LetterC	3	30		-	North Lin			0 F	eet From The	West			
Section 15 Townshi		-S	Range		36-Е , <u>N</u>	МРМ,		Lea	- TOM THE		Line		
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		R OF O	IL AN	D NATI	JRAL GAS								
Sun Refining & Mar	Sun Refining & Marketing Company					e adares Hwy	s to whice	happroved	copy of this fo	отт is ю be sen ТХ 7970	u)		
Name of Authorized Transporter of Casing El Paso Natural Gas	rhead Gas	CXX	or Dry		Address (Giv	e addres	s to whice	h approved	copy of this fo	orm is to be sen	u)		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge	P. O. Is gas actual!	Box	1492		Paso,	Texas			
If this production is commingled with that : IV. COMPLETION DATA	Trom any oth	15 er lease or p	24 2 (2)	1 36	37 -	_			11-30-	8 2			
DATA		-,	,						-				
Designate Type of Completion Date Spudded		Oil Well	i	Gas Well	New Well	Worko	ver	Deepen	Plug Back	Same Res'v	Diff Res'v		
	Date Comp	l. Ready to	Prod.		Total Depth	L			P.B.T.D.		L		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth			
Perforations													
		IDDIC	CLCD	<u> </u>					Depth Casing	, Shoe			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			NG AND SIZE	DEPTH SET				C10//0.05//5				
					901111301				SACKS CEMENT				
TEST DATA AND REQUES	Γ FOR A	LLOWA	BLE										
te Fire New Oil Due To To	covery of low Date of Test	d volume oj	load o	il and must	be equal to or	exceed to	p allows	ble for this	depth or be fo	r full 24 hows.)		
enoth of Ten					Producing Me	unod (Fla	w, рипф	, gas lift, et	(c.)				
	Tubing Pressure			Casing Pressure				Choke Size					
actual Prod. During Test	Oil - Bbls.			Water - Bbls.				Gas- MCF					
GAS WELL		·											
coual Prod. Test - MCF/D	Length of Te	st			Bbis. Condens	le/MMC	F		Gravity of Co	ndensate			
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)				Choke Size					
I. OPERATOR CERTIFICA	TE OF (COMPI	IAN	~F			-						
i nereby certify that the niles and regular				-1 -	0	IL C	SNC	ERVA	TION D	IVISION	J		
Division have been complied with and that the information given above is true and complete to the best of may knowledge and belief.				Date Approved OCT 3 0 1989									
_ Sharon Sia	(HU)				Date	чppro	ved .						
Significant Sharon Beaver Production Clerk				By ORIGINAL SIGNED BY JERRY SEXTON									
Printed Name 10/25/89	inted Name				Title								
Date	-3/ 0	Telepho			11116				· · · · · · · · · · · · · · · · · · ·				

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