

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-83

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

Operator
Lewis B. Burleson, Inc.
Address
P.O. Box 2479 Midland, TX 79702
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Rocket</u>	Well No. <u>3</u>	Pool Name, Including Formation <u>Jalmat</u>	Kind of Lease State, Federal or Fee <u>FEE</u>	Lease No.
Location Unit Letter <u>K</u> : <u>2310</u> Feet From The <u>West</u> Line and <u>2310</u> Feet From The <u>South</u> Line of Section <u>10</u> Township <u>24</u> Range <u>36</u> , NMPM, <u>Lea</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>The Permian Corporation Permian (Eff. 9 / 1 / 87)</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1183, Houston, TX 77001</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1492, El Paso, TX 79998</u>
If well produces oil or liquids, give location of tanks.	Unit <u>N</u> Sec. <u>10</u> Twp. <u>24</u> Rge. <u>36</u> Is gas actually connected? <u>Yes</u> When <u>9-4-83</u>

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X) <u>X</u>	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded <u>9-18-83</u>	Date Compl. Ready to Prod. <u>9-27-83</u>	Total Depth <u>3681</u>	P.B.T.D. <u>3628</u>
Elevations (DF, RKB, RT, GR, etc.) <u>3389</u>	Name of Producing Formation <u>Seven Rivers</u>	Top Oil/Gas Pay <u>3611</u>	Tubing Depth <u>3602</u>
Perforations <u>3611-3622</u>	Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>11</u>	<u>8 5/8</u>	<u>1437</u>	<u>800 sacks Class C & Lite</u>
<u>7 7/8</u>	<u>5 1/2</u>	<u>3661</u>	<u>300 sacks 50/50 poz.</u>
			<u>9# salt, 1/4# flocele,</u>
			<u>2% gel</u>

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)

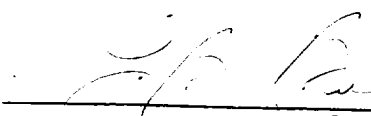
Date First New Oil Run To Tanks <u>9-27-83</u>	Date of Test <u>9-27-83</u>	Producing Method (Flow, pump, gas lift, etc.) <u>flowing</u>	
Length of Test <u>24hrs.</u>	Tubing Pressure <u>0-50</u>	Casing Pressure <u>packer</u>	Choke Size <u>24/64</u>
Actual Prod. During Test <u>26</u>	Oil-Bbls. <u>26</u>	Water-Bbls. <u>46</u>	Gas-MCF <u>32</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

Hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)
President
(Title)
9-28-83
(Date)

OIL CONSERVATION COMMISSION
OCT 3 1983
APPROVED _____, 19____
BY ORIGINAL SIGNED BY EDDIE SEAY
TITLE OIL & GAS INSPECTOR

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 allowable 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.
Form C-104 must be filed for each well in multiple

RECEIVED
OCT 3 1983
O.C.D.
HOBBS OFFICE