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/15/94 Phone: 915/692 4747 APR 19 1994	Vice Dr	L. Bur	leson					MOGINE		
s is a change of operator fill in the OGRID number and name of the sector fill	/15/94	the second s			Approval Date:	APR	19	1994		
				-4/47	1					

OFFICE

APR 1.8 1994

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Submit 5 Copies			New Mexico			- Form C-104
Appropriate District Office <u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240			atural Resources Departme			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 \$7410	REQUEST FOR A	LLOWA	BLE AND AUTHORIZ			,
I. Operator	TO TRANSP	ORT OI	LAND NATURAL GA		API No.	
Lewis B. Burleson,	Inc.			Weit	API NO.	
P. O. Box 2479	Midland, Tex	xas 797	702			
Reason(s) for Filing (Check proper box, New Well) Change in Transp	orter of:	Other (Please expla	in)	•	
Recompletion	Oil Dry G Casinghead Gas 📈 Conder	ai 🗌	To b	e effe	ctive 11/	1/91
If change of operator give name and address of previous operator						
II. DESCRIPTION OF WELL						
- Jamason	Well No. Pool N	ame, lociud	ing Formation		of Lease Federal or Fee	Lease No.
Unit Letter		Tom The	1850 Line and 16	50 .	set From The Λ	hith
Section 15 Towns	0.15	-	-ε, NMPM.	Lac	zet from the <u>e_</u>	
III. DESIGNATION OF TRA				<u>vac</u>		County
Nume of Autoonized Transporter of Oil	or Condensate		Address (Give address to white	h approved	copy of this form	is to be sent)
Name of Authorized Transporter of Carin	aghead Gas St. or Dry	$\frac{2}{2}$	4LT C. HWV 8D	Mid	land. Tv	10711-928
Sid Richardson Carbon	<u>& Gasoline Co.</u>		Address (Give address to which 1st City Bank To	wer 20	copy of this form 1 Main Ft	is to be sens) Worth, TX 761(
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp.	Rge.	Is gas actually connected?	When	7	
If this production is commingled with that IV. COMPLETION DATA		e comming	ling order number;		9-4-	83
	Oil Well 0	Gas Well			·,	
Designate Type of Completion	- (X)	Jas well	New Well Workover	Deepen	Plug Back San	ne Res'v Diff Res'v
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			L	·	Depth Casing Sh	De .
	TUBING, CASIN	IG AND	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING S	IZE	DEPTH SET		SACKS CEMENT	
V. TEST DATA AND REQUE	ST FOR ALLOWABLE					
OIL WELL (Test must be after r Dete First New Oil Run To Tank	ecovery of total volume of load of	il and muss i	be equal to or exceed top allows	ble for this	depth or be for fu	1124 hours)
	Date of Test		Producing Method (Flow, pump	, gas lift, et	c.)	
Length of Test	Tubing Pressure		Casing Pressure		Choke Size	
Actual Prod. During Test	I Prod. During Test Oil - Bbls.		Water - Bbls.		Gu- MCF	
GAS WELL	1	l				
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Conder	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		•	
VI OPERATOR GERMAN					Choke Size	
VI. OPERATOR CERTIFIC. I hereby certify that the rules and regula	tions of the Oil Concernation	JE	OIL CONS			
Division lister been complied with and t	hat the information since shows				4 A	
to the and complete to the best of myrk	nowledge and belief.		Date Approved	t :		991
Signature			By ORIGINAL SO	NED SY.	ERRY SEXTO	N
Sharon Beaver Printed Name	erk 2	LNSTRIC	TT Soft	RVISOR		
November 4, 1991	Title					
	Telephone No.					-
INSTRUCTIONS: This form	· · · · · · · · · · · · · · · · · · ·			3		

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 filled for each pool in multiply completed wells.

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Submit 5 Copies		lew Mexico tural Resources Department	Form C-104 Revised 1-1-89				
Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240		•	See Instructions at Bottom of Page				
DISTRICT	OIL CONSERVA						
P.O. Drawer DD, Anenia, NM 88210		ox 2088 Iexico 87504-2088					
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	•						
I.		LAND NATURAL GAS					
Openia Lewis B. Burleson,	Inc		Well API No.				
Address							
P. O. Box 2479 Reason(s) for Filing (Check proper box)	Midland, Texas 79	702 Other (Please explain)					
New Well	Change in Transporter of:						
Recompletion	Oil X Dry Gas Casinghead Gas Condensate	TO BE EFFEC	CTIVE 11/1/89				
If change of operator give name and address of previous operator			. <u></u>				
IL DESCRIPTION OF WELL	AND LEASE						
Lesse Name Jameson	Well No. Pool Name, Includ 2 Jalmat		Kind of Lease Lease No.				
Location		<u>-T-Y-5R</u>	State, Federal or Fee				
Unit LetterF	_ : Feet From The	West Line and 16.50	Feet From The Line				
Section 15 Townshi	<u>p 24-S Range</u> 36-E	, NMPM,	a 'County				
III. DESIGNATION OF TRAN	SPORTER OF OIL AND NATU		County				
Name of Authorized Transporter of Oil	XX) or Condensate	Address (Give address to which ap	proved copy of this form is to be sent)				
Sun Refining & Mar Name of Authonized Transporter of Casing	keting Company ghead Gas XX or Dry Gas	2415 E. Hwy. 80	Midland, TX 79701-9288				
El Paso Natural Gas	Company		El Paso, Texas 79978				
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. F 15 24 36	Is gas actually connected? Yes	When? 9/4/83				
If this production is commingled with that IV. COMPLETION DATA	from any other lease or pool, give comming	ling order number:					
	Oil Well Gas Well	New Well Workover De	epen Plug Back Same Res'v Diff Res'v				
Designate Type of Completion	- (X) 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	<u>.</u>	1	Depth Casing Shoe				
	TUBING, CASING AND	CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
V. TEST DATA AND REQUES OIL WELL (Test must be after re	T FOR ALLOWABLE	1					
Date First New Oil Run To Tank	ecovery of total volume of load oil and must Date of Test	be equal to or exceed top allowable Producing Method (Flow, pump, ga	for this depth or be for full 24 hours.)				
Length of Test	T. L						
	Tubing Pressure	Casing Pressure	Choke Size				
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.	G25- 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)	Choke Size				
VI. OPERATOR CERTIFICA I hereby certify that the rules and regula	tions of the Oil Conservation	OIL CONSE	RVATION DIVISION				
Division have been complied with and this true and complete to the best of my f	hat the information given above		-				
Aba K		Date Approved	OCT 3 0 1989				
Signature Dilaron L	Jeaver	ByORIGINAL					
Shalon Beaver	Production Clerk	1	STRICT I SUPERVISOR				
10/25/89 Date	915/ 683-4747	Title					
	Telephone No.						

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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

 All sections of this form must be filled out for allowable on new and recompleted wells.
 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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