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

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., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Lewis B. Burleson, Inc. Address 0. Box 2479 Texas 79702 Midland, Reason(s) for Filing (Check proper box) X X Other (Please explain) New Well Change in Transporter of: Last previous C-104 erroneously Dry Gas Recompletion Oil named Sid Richardson Carbon & Gasoline Change in Operator Co. as Transporter If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No. DOPER State, Federal or Fee ALMAT Location 2310 **UEST** eet From The **WORTH** Line and Unit Letter Feet From The \_\_Line NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Or Cox or Condensate Address (Give address to which approved copy of this form is to be sent)
415 E. HWY 80 MIDLAND, Tx 79701-9288 . ۵۰ Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  $\mathbf{X}$ Paso Natural Gas Company 0 Box 1492 Paso 7 If well produces oil or liquids, give location of tanks. When? Rge. Is gas attually connected? l E< If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back | Same Res'v Diff Res'v Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth PRTD 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 (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.) OIL WELL Date First New Oil Run To Tank Producing Method (Flow, pump, gas lift, etc.) Date of Test 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) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE 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 any knowledge and belief. لال Date Approved \_ 1 livon CHANNE DIMONETE EL TENTONIO By \_\_\_ Signature <u>Sharon</u> Beaver Production Clerk Printed Name Title\_ August 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.

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

Revised 1-1-89 See Instructions

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 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. 30-025-30591 LEWIS B. BURLESON, INC. Address Box 2479 Midland, Texas 79702 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Dry Gas Recompletion Oil To Be Effective 4/1/90 Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No. **WOPER** State, Federal or Fee T-Y-SR Location 2310 ORTH Line and Feet From The , NMPM III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Apdress (Give address to which paperoved copy of this form is to be sent)
2415 E. HWY 80 MIDLAND, TY 79701-9288 Name of Authorized Transporter of Oil or Condensate MARKETING KEFINING + Name of Authorized Transporter of Casinghead Gas  $\square$ or Dry Gas Address (Give address to which approved copy of this form is to be sent) <u>Sid Richardson Carbon & Gasoline Co</u> <u>1st City Bank Tower</u> 201 Main Ft. Worth, If well produces oil or liquids, Unit Sec Rge. Is gas actually connected? give location of tanks. 365 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 1 Gas Well Deepen Plug Back | Same Res'v Designate Type of Completion - (X) Diff Redu 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 (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 Bbis. Condensate/MMCF Gravity of Condensate Testing Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE 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. APR 1 7 1990 Date Approved \_\_\_\_ Maron auki Signature Sharon Beaver By\_ Production Clerk ORIGINAL SIGNED BY JERRY SEXTON Printed Name Title March 27 1990 Title. 915/ 683-4747 DISTRICT I SUPERVISOR

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.

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.

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

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	REQL		R ALLOWA							
I. Operator	•	TO TRAN	SPORT O	L AND NA	TURAL G		18111			
Lewis B. Burleson, Inc.						Well API No. 30-025-30591				
Address P. O. Box 2479	М	idland,	Texas 79	9702						
Reason(s) for Filing (Check proper box)			·	Oth	er (Please expl	ain)	······································			
New Well Recompletion	Oil	Change in Tr	ansporter of:							
Change in Operator	Casinghea		ondensate							
If change of operator give name and address of previous operator						<del></del>			·	
II. DESCRIPTION OF WELL	AND LEA	SE							•	
ase Name Well No. Pool Name, Inclu				ding Formation Kine			of Lease Lease No.			
Cooper Location		_ 3	<u>Jalmat T-</u>	-Y-SR			, Federal or Fe	e	2230 110.	
Unit Letter F	_ :16	550 Fe	et From The _	North Lin	e and23	10 ,	eet From The	We	est Line	
Section 14 Towns	11p 24-S	R:	ange 36-	-E N	МРМ.	Lea				
III DESIGNATION OF TRA	VCD OD TO				vir ivi,			<del></del>	County	
III. DESIGNATION OF TRANSPORTER OF OIL		or Condensate	AND NATU	RAL GAS	a address tol					
Sun Refining & Marke	ting Con	npany		2415 E.	Hwy. 80	Midla	a copy of this fand, TX	79701-9	ini) 1288	
Name of Authorized Transporter of Casi El Paso Natural Gas	ighead Gas	<b>⊠</b> or	Dry Gas	Address (Giv	e address to wh	ich approve	d copy of this f	orm is to be se	ent)	
If well produces oil or liquids,		Sec. Tv	vp. Rge.	P. U. BC	X 1492	<u>El Pa</u>	so, Texas	s 79978		
give location of tanks.	i F i	14   2	4-SI 36-F	Yes		When	•? 5/23/89	9		
If this production is commingled with that IV. COMPLETION DATA	from any othe	r lease or poo	l, give comming!	ing order numb	xer:					
		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v		
Designate Type of Completion  Date Spudded		Postus D	<u> </u>	i i			Flug Back	Same Kes'v	Diff Res'v	
	Date Compi	. Ready to Pro	<b>xd</b> .	Total Depth			P.B.T.D.	<u> </u>		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			tion	Top Oil/Gas Pay			Tubing Depth			
Perforations										
							Depth Casin	g Shoe		
TUBING, CASING AN HOLE SIZE CASING & TURING SIZE				CEMENTING RECORD						
	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
							<del> </del>		<del></del> -	
	<del> </del>									
. TEST DATA AND REQUE	T FOR AI	LOWABI	Æ							
OIL WELL (Test must be after) Date First New Oil Run To Tank	ecovery of tota	d volume of lo	ad oil and must l	be equal to or e	exceed top allow	vable for thi	s depth or be fo	or full 24 hour	<b>5.</b> )	
Chi Ruli 10 14HK	Date of Test			Producing Method (Flow, pump, gas lift, etc.)						
ength of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil Phie			W. Burney						
	Oil - Bbls.			Water - Bbis.			Gas- MCF			
GAS WELL	<u> </u>		<del></del>				<u> </u>			
Actual Prod. Test - MCF/D	Length of Te	st z		Bbls. Condensa	te/MMCF		Gravity of Co	ondensate		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)						
		(мим-ш)		Casing Pressur	c (2001-111)		Choke Size			
I. OPERATOR CERTIFIC	ATE OF C	COMPLIA	ANCE			·		<del></del> -		
I hereby certify that the rules and require	tions of the Oi	1 Consession	_ 11	0	IL CONS	SERVA	TION C	QLSIVI	Ŋ	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				OIL CONSERVATION DIVISION  JUN 2 6 1988				8		
Sharon Baixi				Date Approved						
Signature Sharon Beaver	Product	ion Clev		Ву			SIGNED BY		KTON	
	···	TOIL OLE	^ 11			DIC	TOICT I CITE	EBVICAP		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

915/ 683-4747

Printed Name

6/20/89

Date

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Title

**DISTRICT I SUPERVISOR** 

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Title

Telephone No.

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RECEIVED

JUN 23 1989

OCD HOBBS OFFICE