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Appropriate District Office
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DISTRICT III
000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Lewis B. Burleson, Inc.	Well API No.
Address P. O. Box 2479 Midland, Texas 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator Sharon Beaver w/ #2-F	

I. DESCRIPTION OF WELL AND LEASE

Lease Name Cooper	Well No. 3	Pool Name, Including Formation Jalmat T-y-SR	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter F : 1650 Feet From The North Line and 2310 Feet From The West Line Section 14 Township 24-S Range 36-E , NMPM, Lea County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1183 Houston, Texas 77251-1183					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492 El Paso, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 14	Twp. 24-S	Rge. 36-E	Is gas actually connected? Yes	When? 1977 5/23/89

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 5/11/89	Date Compl. Ready to Prod. 5/22/89	Total Depth 3368	P.B.T.D. 3367					
Elevations (DF, RKB, RT, GR, etc.) 3340.9 GR	Name of Producing Formation 7 Rivers	Top Oil/Gas Pay 3246	Tubing Depth					
Perforations 14 shots	3244 to 3262	OKK	Depth Casing Shoe					

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	5-1/2"	3367	85 sx PS lite & 90 sx.
	8-5/8"		50/50 poz C
	2-3/8" Tubing	3140'	385sxPSlite&200 sx ClassC

III. 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 5/23/89	Date of Test 5/23/89	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 4 hrs	Tubing Pressure 180#	Casing Pressure	Choke Size 18/64
Actual Prod. During Test	Oil - Bbls. 9.6	Water - Bbls. 25	Gas- MCF 2

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

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 is true and complete to the best of my knowledge and belief.

Sharon Beaver
Signature
Sharon Beaver Production Clerk
Printed Name
5/26/89 **915/ 683-4747**
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **MAY 30 1989**
By **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR
Title

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.