DISTRIBUTE				
SINTAFE	T			
I LE	1			
U.S.G.S.				
LAND OFFICE				
IRANSPORTER	OIL			
TRANSPORTER	GAS			
OPERATOR				
PRORATION OFFICE				
Operator				

VI.

1979

(Date)

January

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	I LE	KEQUES	AND	Supersedes Old C-104 and C Effective 1-1-65	
	LAND OFFICE	AUTHORIZATION TO TR	RANSPORT OIL AND NATURAL	. GAS	
	OIL				
	IRANSPORTER GAS				
_	OPERATOR PRORATION OFFICE			,	
I.	Operator Operator				
	Lewis B. Burleson,	Inc.			
	Box 2479, Midland,	Texas 79702			
	Reason(s) for filing (Check proper b New Well	Ox; Change in Transporter of:	Other (Please explain)		
	Recompletion	Oil Dry C	Gas 🔲	:	
	Change in Ownership X		ensate		
	If change of ownership give name and address of previous owner	Burleson & Huff, Box	2479, Midland, Texas 79	702	
II.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including	Formation Kind of Lea	se Lease No.	
	Exxon	1 Jalmat	1	ral or Fee fee	
	Location Unit Letter J ; 19	980 Feet From The South Li	ine and 1980 Feet From	The east	
	, <u> </u>			The cust	
	Line of Section 21 T	ownship 25-S Hange	37E , NMPM, Lea	County	
III.	III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of OII Or Condensate Address (Give address to which approved copy of this form is t				
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of				oved copy of this form is to be sent)	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	hen	
	If this production is commingled w	with that from any other lease or pool,	give commingling order number:		
•••	Designate Type of Complet	ion - (X)	New Well Workover Deepen	Plug Back Same Resty. Diff. Rest	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top O!1/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
	TUBING, CASING, AND CEMENTING RECORD				
ļ	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
ν.	TEST DATA AND REQUEST F	FOR ALLOWABLE (Test must be a		and must be equal to or exceed top allow	
	OIL, WELL Date First New Oil Run To Tanks	able for this de	epth or be for full 24 hours) Producing Method (Flow, pump, gas l	ift, etc.)	
	Date i liet Men On Hair 10 1 diez				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oll-Bbls.	Water - Bbls.	Gas-MCF	
ŀ			<u> </u>		
ſ	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
				Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Chore Size	
VI.	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. TITLE The state of the best		łi	OIL CONSERVATION COMMISSION	
1			APPROVED APR 2 1979		
- (Orig. Signed by BY John Runyan		
-			Cooleght Cooleght		
			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened		
_	• • • • • • • • • • • • • • • • • • • •	ature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
-	President (Title)		All sections of this form must be filled out completely for allow able on new and recompleted wells.		

All sections of this form must be filled out completely fo able 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

RECEIVED

MAR 2 8 1979