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 at Bottom of Page

DISTRICT II P.O. Drawer DD, Anesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

68302

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87	410	W 1120/1200 07504-2000	·	
I.	REQUEST FOR ALLOY	WABLE AND AUTHORIZA OIL AND NATURAL GAS		
Operator	TO THANGE ONE	OIL AND NATONAL GAS	Well API No.	
Lewis B. Burleso	n, Inc.		130-112-07/20	
P. O. Box 2479	Midland, Texas	70702		
Reason(s) for Filing (Check proper b	ox)	Other (Please explain)		
New Well	Change in Transporter of	f:	•	
Recompletion	Oil Upry Gas	☐ To be	effective 11/1/91	
If change of operator give name	Casinghead Gas Condensate			
and address of previous operator				
II. DESCRIPTION OF WE	LL AND LEASE Well No. Pool Name, I			
ascerte C	-24 / Jal	mat (V+5-7R)	Kind of Lease State, Federal or Fee Lease No.	
Location	110	Nul 100	0	
Unit Letter	: Feet From Th	ie North Line and 1980	Peet From The Wast Line	
Section 24 Tow	enship 25-5 Range 30	6-E, NMPM,	Lea County	
III. DESIGNATION OF TO	ANCDODTED OF OUR AND ALL		County	
Name of Authorized Transporter of O	ANSPORTER OF OIL AND NA	Address (Give address to which	approved copy of this form is to be sent)	
Jun Kefining & 1	Wasting Co -	45C. HUN 80 1	Did land TV 10101-028	
Name of Authorized Transporter of C		Address (Give address to which	approved copy of this form is to be sent)	
Sid Richardson Carbo If well produces oil or liquids,		Rge. Is gas actually connected?	er 201 Main Ft Worth, TX 7610	
give location of tanks.	177 24 25-5.2	1-8 (105	When 7 3-1-88	
IV. COMPLETION DATA	that from any other lease or pool, give comm	mingling order number:		
	Oil Well Gas We	II New Well Workover	D	
Designate Type of Completi	ion - (X)		Deepen Plug Back Same Res'v Diff Res'v	
one openion	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		
Perforations			Tubing Depth	
			Depth Casing Shoe	
	TUBING, CASING AL	ND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
			STORE CENTER!	
I TOTAL DESCRIPTION OF THE PROPERTY OF THE PRO				
V. TEST DATA AND REQU OIL WELL (Test must be often	EST FOR ALLOWABLE			
Date First New Oil Run To Tank	er recovery of total volume of load oil and n	nust be equal to or exceed top allowab	le for this depth or be for full 24 hours.)	
	Date of Tea	Producing Method (Flow, pump,	gas lift, etc.)	
ength of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil - Bbls.	West Division Division in the Control of the Contro		
	Oil + Boils,	Water - Bbls.	Gas- MCF	
GAS WELL				
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)		
		oming recessio (Mille-III)	Choke Size	
I. OPERATOR CERTIFI	CATE OF COMPLIANCE			
Division have been complied with and that the information of		OIL CONSE	RVATION DIVISION	
is true and complete to the best of my knowledge and belief.			OIL CONSERVATION DIVISION NUV 10 1991	
$\lambda \setminus \lambda \setminus \lambda $		Date Approved _		
Signature Statut		ByORIGINAL	By ORIGINAL SIGNED BY JERRY SERTIN	
Sharon Beaver Printed Name	BW RECT I SUPERVISOR			
November 4, 1991	(915)-683-2422	Title	and the second s	
Date	Telephone No.	FOR RECORD	ONLY. MAY 201993	
Th lorent state of			MAY 20 1993	

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.
- 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.