

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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	GAS
OPERATOR	
PROMOTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <b>Lewis B. Burleson, Inc.</b>	
Address <b>P. O. Box 2479 Midland, Texas 79702</b>	
Reason(s) for filing. Check proper box: <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	
Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas	Other (Please explain): <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Condensate
Change of ownership give name and address of previous owner <b>Conoco Inc. P. O. Box 460 Hobbs, New Mexico 88240</b>	

DESCRIPTION OF WELL AND LEASE			
Lease Name <b>Ascarte C-24</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Jalmat Yates Gas (7-44-7R)</b>	Lease No. <b>032651</b>
Location Unit Letter <b>B</b> : <b>660</b> Feet From The <b>North</b> Line and <b>1980</b> Feet From The <b>East</b>		Kind of Lease <b>State, Federal or Fee</b>	
Line of Section <b>24</b>	Township <b>25</b>	Range <b>36</b>	County <b>Lea</b>

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil: <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 2436 Abilene, Texas 79604</b>		
Name of Authorized Transporter of Casinghead Gas: <input type="checkbox"/> or Dry Gas: <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1492 El Paso, Texas 79978</b>		
Well produces oil or liquids, • location of tanks.	Unit <b>B</b>	Sec. <b>24</b>	Twp. <b>25</b>
		Rge. <b>36</b>	Is gas actually connected? <b>Yes</b>
When production is commingled with that from any other lease or pool, give commingling order number:			<b>No</b>

NOTE: Complete Parts IV and V on reverse side if necessary.

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

*Sharon Beaver*  
(Signature)

Production Clerk

(Title)

3/10/88

(Date)

OIL CONSERVATION DIVISION

APPROVED **APR 5 1988**, 19

BY

ORIGINAL SIGNED BY JERRY SEXTON

TITLE **DISTRICT I SUPERVISOR**

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable 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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

APR 1 1938  
OCD  
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