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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

## OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 58727 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator Lewis B. Burleson, Inc. Address Midland, Texas 79702 P. O. Box 2479

Reason(s) for Filing (Check proper box) Other (Please explain) Change in Transporter of:

Dry Gas New Well M To be effective 11/1/91 Recompletion Oil Casinghead Gas [ Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation, Tansill Kind of Lease Lease No. Lease Name Talmat Gas - Votas Speise, Federal or Fee Location Feet From The South Line and Wast 1980 Unit Letter Range NMPM, Township III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS or Condensate Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil TY Address (Give address to which approved copy of this form is to be sent)

1st City Bank Tower 201 Main Ft Worth, TX 76102 Name of Authorized Transporter of Casinghead Gas or Dry Gas 🔀 Sid Richardson Carbon & Gasol ine Co. If well produces oil or liquids, give location of tanks. Unit Is gas actually connected? When? Twp. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA <u>GASOLINE CO. - Eff.</u> New Well | Workover Oil Well Gas Well Deepen Plug Back | Same Res'v Diff Res'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation 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 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 Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Choke Size Casing Pressure Tubing Pressure Actual Prod. During Test Water - Bbls. Gas. MCF Oil - Bbis. **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 OIL CONSERVATION DIVISION 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. NOV 1 5 1991 Date Approved . ORIGINAL SKENIED! Signature Sharon Beaver DATACT I SUPERVISOR Production Clerk Printed Name (915)-683-2422 1991 November Telephone No.

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.