Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

DISTRICT III

1000 Rio Brazos Rd., Azzec, NM 87410	REQUEST				ID AUTH NATURA						
I. Operator			OITI OIL	AITO	17.1011/	ic di		API No.			
LEWIS B. BURL	ESON, INC	•					<u> </u>				
P. O. Box 247	9 !	Midla	nd, Te	xas	79702		u				
Reason(s) for Filing (Check proper box) New Well	Chang	e in Transpo	order of:		Other (Pleas	se expla	in)				
Recompletion	Oil	Dry G	150		То	Ве	Effec	tive 4/	1/90		
Change in Operator	Casinghead Gas	Conde	nsate 🗌								
If change of operator give name and address of previous operator						<u> </u>					
II. DESCRIPTION OF WELL			<u> </u>								
LEONARD	Well	io. Pool N	JALM		tion			of Lease Federal or Fee	ما	ase No.	
Location			()			1	······	7	<u> </u>		
Unit Letter	: 660	Feat Fi	rom The	DUTH	Line and	<u> </u>	60 F	eet From The _	LAST	Line	
Section 20 Townshi	25-5	Range	37	I-E	, NMPM,	L	EA			County	
III DECICNATION OF TO AN	CROPTED OF	OT 43	III) NI A ITTI	D. I. C.	4.0	•					
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		densate	MAIU			s to wh	ich approved	d copy of this for	m is to be se	nt)	
Name of Authorized Transporter of Casin Sid Richardson Carbon		or Dry	Gas 💢					d copy of this for 1 Main Et		ייי TX 7610:	
If well produces oil or liquids,	Unit Sec.	Twp.	Rge.		turily come		When		. WOT CIT	<u> </u>	
give location of tanks.	<u> </u>		_11		YES						
If this production is commingled with that IV. COMPLETION DATA	from any other lease	or pool, gr	ve comming	ling order	number:						
Designate Type of Completion	Oil W	Vell	Gas Well	New V	Vell Work	over	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Read	y to Prod.		Total De	:pth			P.B.T.D.		1	
								7.5.1.0.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth			
Perforations								Depth Casing Shoe			
		0.0.0									
HOLE SIZE	CASING &			CEME	VTING RE		D		ACKS CEME	NT	
					<u> </u>			J	NONO CENT	-111	
			·	ļ							
									··		
V. TEST DATA AND REQUES OIL WELL Test must be after a								 			
Date First New Oil Run To Tank	Date of Test	me of load	oil and must		to or exceed and Method (F.				r full 24 how	<u>'s.)</u>	
						,	7, 8 17.7				
Length of Tes	Tubing Pressure			Casing Pressure				Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.				Gas- MCF			
	<u></u>										
GAS WELL Actual Prod. Test - MCF/D	7)					·					
AND FIGURES AND	Length of Test			Bbls. Condensate/MMCF				Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
IV ODED - TOP -				١,							
VI. OPERATOR CERTIFIC I hereby certify that the rules and regul			NCE		OIL (CON	SERV	ATION E	IVISIO	N	
Division have been complied with and	that the information	given above	e								
is true and complete to the best of my	knowledge and belief	1		D	ate Appi	rove	d	APR 1	7 199	00	
Wharm	Deave	J		_							
Signature Sharon Beaver Production Clerk				B	ORIGINAL SIGNED BY JERRY SEXTON						
Printed Name Title				Title							
March 27, 1990 9	915/ 683-47	47 Felephone N	\ 0.	''			Sec. Spr. a		qu _s and		
	,	. suprace i		11							

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.