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

OIL CONSERVATION DIVISION

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	DISTRICT II P.O. Drawer DD, Arlesia, NM 88210	P.O. Bo Santa Fe, New Mo		68277
Content Cont	1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWAB	LE AND AUTHORIZAT	TION
Lewis B. Burleson, Inc.		TO TRANSPORT OIL	AND NATORAL GAS	Well API No.
P. O. BOX 2479 Midland, Texas 79702 Chasge in Transporter of Control Color (Please explain) New Well Chasge in Transporter of Color (Please explain) New Well Chasge in Transporter of Color (Please explain) New Well Chasge in Transporter of Color (Please explain) New Well Chasge in Transporter of Color (Please explain) New Well Chasge in Transporter of Color (Please explain) New Well Chasge in Transporter of Color (Please explain) New Well Chasge in Transporter of Color (Please explain) New Well Chasge in Transporter of Color (Please explain) New Many Chasge Transporter of Color (P	Lewis B. Burleson,	Inc.		
Change in France Chair Poper host		Midland, Texas 7970	02	
Recompletion Oi			Other (Please explain)	
Casinghead Gas Condensus		· -	To be	effective 11/1/91
Laste Name Leave No. Leave No. Leave No. Leave No. State, Federal or Fee Leave No. Leave	Change in Operator	Casinghead Gas Condensate		
Lease Name Lease Name Well No. Fool Name, lockulage Formation R State, Federal of Fee Lease No.	If change of operator give name and address or previous operator			
Location Unit Letter		AND LEASE	- Fi	Vind of Lasse No.
Until Letter	hearard	2 Jalmac	T-Yates TR	1
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorities Transporter of Oil	\mathcal{T}	: 1980 Feet From The	Outh Line and 660	Feet From The East Line
Name of Authorized Transporter of Oil	Section 20 Townshi	ip 35 5 Range <u>37</u>	-E ,NMPM, LQ	County
Name of Authorited Transported Casinghead Gas or Dry Casi Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) St. A Richardson Cashour Co. Ist City Bank Tower 201 Main Ft Worth, TX 76 Ist City Bank T			RAL GAS	
Name of Authorifed Transporter of Casinghead Gus or Dry Gas Address (Give address to which approved copy of this form is to be sent) 1st City Bank Tower 201 Main Ft Worth, TX 76 1st City Bank Tower 201	$(\mathbf{Z}_{i}, \mathbf{z}_{i}))_{i} = (\mathbf{Z}_{i}, \mathbf{z}_{i})_{i} = (\mathbf{Z}_{i}, \mathbf{z}_{i$			
If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When ?			Address (Give address to which a	innermed can't of this form is to be sent)
If this production is committingled with that from any other lease or pool, give committingling order number:	Sid Richardson Carbon	- Gasoline Co.	 	· · · · · · · · · · · · · · · · · · ·
Designate Type of Completion - (X)	give location of tanks.	<u>i i i i i i i i i i i i i i i i i i i </u>		When?
Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Date Depth Date Compl. Ready to Prod. Date Depth Depth			HE CC ET (2 160	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth 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 thir depth or be for full 24 hours.) Date First New Oil Run To Tank Date of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF GAS WELL Actual Prod. Test - MCF/D Length of Test Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE	Designate Type of Completion		New Well Workover D	Deepen Plug Back Same Res'v Diff Res'v
Perforations TUBING, CASING AND CEMENTTING 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 Tubing Pressure Casing Pressure Casing Pressure Choke Size GAS WELL Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF Testing Method (pito, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size Oil CONISE DIVISIONALISM OIL C	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
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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	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
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Testing Method (pitat, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE	GAS WELL			
VI. OPERATOR CERTIFICATE OF COMPLIANCE	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
Thereby certify that the rules and remulations of the Oil Consentation II OIL CONSERVATION DIVISION	VI. OPERATOR CERTIFIC	CATE OF COMPLIANCE		
Division have been complied with and that the information given above			OIL CONS	ERVATION DIVISION
is true and complete to the best of my knowledge and belief. Date Approved NOV 15 1991			Date Approved	NOV 1 5 1991
	Mh	m) Kaning	Date Approved	
Signature Sharon Beaver Production Clerk By State Brown Brown Spaces Sharon Beaver Production Clerk	Signature		Ву	HAD BY ISBBY SEVERM
Printed Name Title	Printed Name		Title	
November 4, 1991 (915)-683-2422 Date Telephone No. Telephone No.			FOR RECO	RD ONLY APR 301993

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.