	•••	i
DISTRIBUTION		
ANTA FE		
FILE		
U.\$.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		
Operator		

June 4, 1975

(Date)

ANTA FE			REQUEST FOR ALLOWABLE		Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65		
		KEQUE31					
	U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
	LAND OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NA	TURAL GAS			
	OIL	†					
	I RANSPORTER GAS	1					
	OPERATOR	4					
	PROPATION OFFICE	1					
1.	Operator Operator						
	BURLESON a	nd Hirr					
	Address BURLESON a	nd norr					
			50501				
P.O.Box 935 - Midland, Texas 79701 Reason(s) for filing (Check proper box) Other (Please explain)							
	New Well	Change in Transporter of:					
	Recompletion	Oil Dry Go	as 🔲				
	Change in Ownership	Casinghead Gas Conde	nsate				
	•						
	If change of ownership give name and address of previous owner						
							
11.	DESCRIPTION OF WELL AND	LEASE					
	Lease Name	Well No. Pool Name, Including F	ormation Ki	nd of Lease		Lease No.	
	Lanehart	3 Jalmat	St	ate, Federal or Fee	Fee		
	Location			·····			
		0	. 2210	~	·		
	Unit Letter I. : 99	O Feet From The West Lir	ne and <u>2310</u>	Feet From The S	outn		
		vnship 25S Range	37E . NMPM.		Lea		
	Line of Section 21 Tov	vnship 25S Range	3/E , NMPM,		ьеа	County	
HI.	DESIGNATION OF TRANSPORT			1 : 1			
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to u	hich approved copy	of this form is to	o be sent)	
	<u>i</u>						
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to u	hich approved copy	of this form is t	o be sent)	
	El Paso Natural	Gas Company	Box 1492, E1	Paso. Texa	s 79910		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When			
	give location of tanks.		No	90	on		
			-1		,OII		
	If this production is commingled with	th that from any other lease or pool,	give commingling order nu	mber:			
IV.	COMPLETION DATA	LOU WAY LOW WAY	1				
	Designate Type of Completic	$\mathbf{x}_{n} = (\mathbf{X})$		Deepen Plug B	ack Same Res	'v. Diff. Res'v.	
		, ,	X	1		X	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.	.D.		
	5-17-75 Elevations (DF, RKB, RT, GR, etc.)	6-2-75	2900'		2872'		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing	Depth		
	3054' GR	Yates	2725'		2750'		
	Perforations			Depth	Casing Shoe		
	2826'-2838' w/12 holes						
			D CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEM	ENT	
							
	20"	16"	70#			Circ	
	11-3/4	8-5/8	32#			Circ	
	7-3/4	/	24#		150		
	6-3/4	5 2	15#		60		
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume	of load oil and must	be equal to or e	xceed top allow-	
	OIL WELL		epth or be for full 24 hours)				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pr	imp, gas lift, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke	Size		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - M	CF		
	<u></u>		· · · · · · · · · · · · · · · · · · ·	·····			
	GAS WELL						
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity	y of Condensate		
	561 mcf on 4"chk	_ ·	None		None		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) Choke		····	
	· · ·	,	1	Choke	1 11		
	Back pressure	420#	0 (packer)				
VI.	CERTIFICATE OF COMPLIANO	CE ,	OIL CO	SERVATION	COMMISSION	4	
		·	1		~		
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED		 ,	19		
			. Ku	reserve			
	above is true and complete to the best of my knowledge and belief.		BY	- Jusy	ger		
	•		TITLE	100000			
		•		- 76-5	· · · · · · · · · · · · · · · · · · ·		
		Angles	This form is to be				
	7. A. 10 mil		If this is a reques	for allowable for	a newly drille	d or deepened	
	(Signo	iture)	well, this form must be tests taken on the wel	accompanied by	a tabulation of	the deviation	
	Partner		All sections of thi				
	(Tie	able on new and recom	pieted wells.	are combine	TOTAL STICKS		

All sections of this form must be able 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 cool in multiply

RECEIVED

JUN5 1975

HOBBS, N. M.