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

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

68226

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. 30-025-11758 Lewis B. Burleson, Inc. Address P. O. Box 24/9
Reason(s) for Filing (Check proper box) Midland, Texas 79702 Other (Please explain) New Well Change in Transporter of: Dry Gas Recompletion Oil To be effective 11/1/91 Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee Location 660 Feet From The 25-5 III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil
Sun Refining & Market
Name of Authorized Transporter of Casinghead Gas or Condensate Address (Give address to which approved copy of this form is to be sent) 5 E. HWY 80 Midland, Tx 19701-9288 Address (Give address to which approved copy of this form is to be sens)

1st City Bank Tower 201 Main Ft Worth, TX 7610 -(2) or Dry Gas -Gasoline Co. Sid Richardson Garbon If well produces oil or liquids, give location of tanks. | Sec 28 Unit is gas actually connected? When ? 403 6 If this production is commingled with that from any other lease or pool, give commingling order number;

IV. COMPLETION DATA SID FICHARDSON GASOLINE CO. - Eff. 3/1/93 Oil Well New Well Workover Gas Well Deepen Plug Back | Same Res'v Diff Res'v Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Demb P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay 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 mus 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 Tubing Pressure Casing Pressure Actual Prod. During Test Oil . Bhis Water - Bbls Gas- MCF **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 I hereby certify that the rules and regulations of the Oil Conservation OIL CONSERVATION DIVISION 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 . Signature Sharon Beaver ORIGINAL SECNED BY JERRY SEXTON Production Clerk DISTRICT I SUPERVISOR Printed Name (915)-683-2422 November 4, Title. 1991 Dale

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

FOR RECORD ONLY

APR 30 1991

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

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.

RECEIVED

APR 2 8 1993

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