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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised I-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., Aztec, NM 87410	REQUE	ST FOF	R ALLOWAE	BLE AND	AUTHO	RIZA	TION				
I.			SPORT OIL								
Operator		., ., ., .,	Well API No.								
	Tna										
Lewis B. Burleson,	Inc.		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·		·			
	M4 4.	1	Torrog 707	0.2							
P. O. Box 2479 Reason(s) for Filing (Check proper box)	Mid	land,	Texas 797		ner (Please	avalaint					
New Well	-	!- T-			ici (l'iems	егриин					
			ansporter of:		_				/1 /01		
Recompletion	Oil		ry Gas 📙		`.	ro be	errec	tive 11	/1/91		
Change in Operator	Casinghead G	zs 🔀 Co	ondensate								
If change of operator give name and address of previous operator											
•											
II. DESCRIPTION OF WELL											
Lease Name / a pa hay +	$\boldsymbol{\alpha} \mid^{\mathbf{w}}$		ol Name, Includi		10	٠	1	Lease	Lea	ise No.	
Lanehart	ω		anglia 1	MUTLIN	COK-C	VN-G	Bout.	Federal or Fee			
Location	01	سيره		2		100	1		C 4		
Unit Letter	_: <i>60</i>	<u>O</u>	ed From The 🚄	orch Lin	e and	1480	/ Fo	t From The _	ZUST.	Line	
10	-25	6	201	<i>C</i>			10	^			
Section 🔾 💍 Townshi) Ri	ange 5/-	И, D	мрм,		<u> XIII</u>	U		County	
III. DESIGNATION OF TRAN		OF OIL Condensate									
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)										
TOKAS / IOW MAYIE	· · · · · · · · · · · · · · · · · · ·										
Name of Authorized Transporter of Casing	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 7610									
Sid Richardson Carbon	<u>& Gasoli</u>	ne Co.					er 201	Main Ft	worth,	TX /610	
If well produces oil or liquids, give location of tanks.	Unit So	00:	Rec.	is gas actuali	·	_	When	7			
		X8 10			1100	5					
f this production is commingled with that	from any other le	ease or poo	d, give commingl	ing order num	bert						
IV. COMPLETION DATA											
Designate Total of Co. 101	[0	Dil Well	Gas Well	New Well	Workov	er	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completion	- (X)		1	1	İ	i	i	i			
Date Spudded	Date Compl. R	Ready to Pro	od.	Total Depth				P.B.T.D.		<u> </u>	
										1	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth			
Perforations								Depth Casing	Shoe		
										İ	
	TUE	BING, CA	ASING AND	CEMENTI	NG REC	ORD					
HOLE SIZE		G & TUBII	DEPTH SET				SACKS CEMENT				
		97701170 0 7001170 0122			22.11.021				GAORG CEMEIT!		
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	 							·			
											
. TEST DATA AND REQUES	T FOR ALI	LOWAB!	LE		·						
OIL WELL (Test must be after re				be equal to or	exceed to	allowah	le for this	denik or he for	full 24 hours	1	
Date First New Oil Run To Tank	Date of Test			Producing Me	thod /Flo	v. numn	eas lift et	-)	juli 24 hot 's.	'	
						-1 6	6-2 ·9·, ··	•••			
ength of Test	Tubing Pressur	P.		Casing Press.	i ne			Choke Size	···········		
		•					ĺ	5.1545 5.155			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.				Gas- MCF			
-				······································			İ	- HICF			
CASTELL	<u> </u>			<u> </u>					····		
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test			Bbls. Conden	sate/MMC	F		Gravity of Cor	idensate		
esting Method (pitot, back pr.)	Tubing Pressur	e (Shut-in)	Casing Pressure (Shut-in)				Choke Size				
I. OPERATOR CERTIFIC	ATE OF CO	OMPLI	ANCE								
I hereby certify that the rules and regula	tions of the Oil	Conservatio	n :		DIL CO	DNS	ERVA	TION D	IVISIO	V	
Division have been complied with and t	that the informati	ion given al	bove				• • • •			•	
is true and complete to the best of my k	nay ledge and be	elief	l	D-1-	A	ا- سا	A 2	01/4 =			
\	K .	\	!	Date	Appro	vea -	N	OV 15	1991 -		
Maron Search											
Signature					By ORIGINAL SIGNED BY JERRY SEXTON						
Sharon Beaver Printed Name	DISTRICT I SUPERVISOR										
November 4, 1991	(915	Tiu -683 -	2422	Title.							
Date		Telephor									

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
- 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.

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