Submit 5 Copies
Appropriate District Office
DISTRICT 1
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, Antesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

I.					ND AUTHO		NC				
Operator		TOTHA	NSPURI	OIL ANL	NATURAL		Vell API No.				
LEWIS B. BUI	RLESON,	INC.				1	30-02	5-118	327		
P. O. Box 24	179	Мi	dland,	Texas	79702						
Reason(s) for Filing (Check proper bo	x)				Other (Please	explain)					
New Well Recompletion			Transporter of:	 	_						
Change in Operator	Oil Casinghe			X I	То	Be Eff	ective 4	1/90			
If change of operator give name and address of previous operator	Callighe	20 025	Condensate		-			······································	— · · · · · · · · · · · · · · · · · · ·		
II. DESCRIPTION OF WEI	L AND LE						· · · · · · · · · · · · · · · · · · ·				
GUTHAN		Well No.	Pool Name, Inc	luding Form	12100 T- Y- 7A	Q S	ind of Lease tate, Federal or Fe	ee i	Lease No.		
Location Unit Letter		180	Feet From The	0	Hine and	660	_	<u> </u>			
Section 29 Town	uship 25	י ע	_	37-E	, NMPM.	LEA	_ Feet From The	LAST	Line		
III. DESIGNATION OF TR	ANSPODTE					<u></u>	· · · · · · · · · · · · · · · · · · ·		County		
III. DESIGNATION OF TRANSPORTER OF Authorized Transporter of Oil	INSPORTE	or Condens	AND NAT	TURAL (SAS						
	لــا			Audies	s (Give adaress id	o which appr	oved copy of this	form is to be s	ens)		
Name of Authorized Transporter of Ca	singhead Gas		or Dry Gas	Addres	s (Give address to	which appr	and come of this	form in to be a			
Sid Richardson Carbon & Gasoline Co.				1st City Bank Tower 201 Main Ft. Worth Ty 761							
give location of tanks.	Unit	1	1	8c. 18 848 4	When			1?			
If this production is commingled with th IV. COMPLETION DATA	at from any other	er lease or po	ol, give commi	ngling order	number:						
Designate Type of Completic	n (V)	Oil Well	Gas Well	New '	Well Workover	Deepe	Phys Back	Same Res'v	him h		
Date Spudded		l. Ready to P		1	i		i riug back	Same Kes v	Diff Res'v		
·	Date Comp	a. Keady to P	TO.1.	Total D	epth		P.B.T.D.	<u> </u>	- 		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing Form	nation	Top Oil	Top Oil/Gas Pay						
Perforations								Tubing Depth			
								Depth Casing Shoe			
	T	UBING, C	ASING AN	D CEME	NTING DECC	NR D					
HOLE SIZE	CAS	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
								ONONO CEMEN			
											
/ mean pure											
IL WELL Test must be often	ST FOR A	LLOWAB	LE	- 							
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test	al volume of l	oad oil and mu	us be equal.	to or exceed top a	illowable for	this depth or be fo	or full 24 hour	·s.)		
	Date of Test	Date of lest			g Method (Flow,	pump, gas lij	fi, etc.)	c.)			
ength of Test	Tubing Press	sure		Casing P	reagire		Choke Size		· · · · · · · · · · · · · · · · · · ·		
Actual Prod. During Test								Choke Size			
July 104	Oil - Bbls.			Water - E	Water - Bbls.			Gas- MCF			
GAS WELL					-						
Actual Prod. Test - MCF/D	Length of Te	ısı		Bbls. Cor	densate/MMCF						
esting Method (pitot, back pr.)	7	10\100			Total Content Manual Ch			Gravity of Condensate			
(ond-u)			Casing Pr	Casing Pressure (Shut-in)			Choke Size				
I. OPERATOR CERTIFIC	CATE OF (COMPLI	ANCE	1							
Division have been complied with and the difference of the Oil Conservation					OIL CONSERVATION DIVISION						
is true and complete to the best of fly knowledge and belief.				11	OIL CONSERVATION DIVISION APR 1 7 1990						
N.ha. K.				Da	ate Approve	ed		*			
Signature Deaver						OBIO	44				
Sharon Beaver Production Clerk				BA	By ORIGINAL SIGNED BY JERRY SEXTON						
Printed Name March 27, 1990 915/ 683-4747				Titl	DISTRICY I SUPERVISOR Title						
Date	<u>, 10/ 003-</u>	Telephon	e No.		·				- 146		
		,		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
- 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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