

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

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

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

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

#### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator LEWIS B. BURLERSON, INC. Well API No. \_\_\_\_\_  
Address P. O. Box 2479 Midland, Texas 79702  
Reason(s) for Filing (Check proper box)  New Well  Change in Transporter of:  Other (Please explain)  
 Recompletion  Oil  Dry Gas  To Be Effective 4/1/90  
 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 DYER Well No. 1 Pool Name, Including Formation VALMAT T-Y-SR Kind of Lease State, Federal or Fee Lease No. \_\_\_\_\_  
Location Unit Letter B : 330 Feet From The NORTH Line and 2310 Feet From The EAST Line  
Section 31 Township 25-S Range 37-E , NMPM, LEA County

#### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil  or Condensate  Address (Give address to which approved copy of this form is to be sent) \_\_\_\_\_  
Name of Authorized Transporter of Casinghead Gas  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 76102  
If well produces oil or liquids, give location of tanks. Unit 330 Sec. 31 Twp. 25-S Rge. 37-E Is gas actually connected? YES When? \_\_\_\_\_

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

#### IV. COMPLETION DATA

Designate Type of Completion - (X)  Oil Well  Gas Well  New Well  Workover  Deepen  Plug Back  Same Res'v  Diff Res'v  
Date Spudded \_\_\_\_\_ Date Compl. Ready to Prod. \_\_\_\_\_ Total Depth \_\_\_\_\_ P.B.T.D. \_\_\_\_\_  
Elevations (DF, RKB, RT, GR, etc.) \_\_\_\_\_ Name of Producing Formation \_\_\_\_\_ Top Oil/Gas Pay \_\_\_\_\_ Tubing Depth \_\_\_\_\_  
Perforations \_\_\_\_\_ Depth Casing Shoe \_\_\_\_\_

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 \_\_\_\_\_ Producing Method (Flow, pump, gas lift, etc.) \_\_\_\_\_  
Length 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 \_\_\_\_\_ Bbls. Condensate/MMCF \_\_\_\_\_ Gravity of Condensate \_\_\_\_\_  
Testing Method (pilot, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Sharon Beaver  
Signature Sharon Beaver Production Clerk  
Printed Name March 27, 1990 915/ 683-4747 Title  
Date Telephone No.

#### OIL CONSERVATION DIVISION

Date Approved APR 17 1990  
By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT SUPERVISOR  
Title \_\_\_\_\_

FOR RECORD ONLY APR 30 1990

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.

RECEIVED  
APR 26 1993  
GOD MORRIS