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

State of New Mexico Energy, Minerals and Natural Resources Department

See Instructions at Bottom of Page

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

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

OIL CONSERVATION DIVISION

58829

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator Lewis B. Burleson, Inc. Address P. O. Box 2479

Reason(s) for Filing (Check proper box) Midland, Texas 79702 Other (Please explain) Change in Transporter of: New Well To be effective 11/1/91 Dry Gas Recompletion Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee Line and Feet From The Unit Letter **NMPM** County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensals Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent)

1st City Bank Tower 201 Main Ft Worth, TX 76102 Name of Authorized Transporter of Casinghead Gas or Dry Gas Sid Richardson Carbon & Gasoline Co. If well produces oil or liquids, is gas actually connected? Unit Rge. When? Sec l Two. give location of tanks. Ues If this production is commingled with that from any other lesse or pool, give commingling order number;

IV. COMPLETION DATA SID RICHARDSON GASOLINE CO. - Ett. 3/1/93 New Well Workover Oil Well Deepen Gas Well Plug Back Same Res'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE SACKS CEMENT CASING & TUBING SIZE **DEPTH SET** 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 Producing Method (Flow, pump, gas lift, etc.) Date of Test Length of Test Casing Pressure Choke Size Tubing Pressure Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas. MCF **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCP Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION 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. MIN 15 1991 Date Approved ORIGINAL MIGNED BY JERRY SEXTON Signature Sharon Beaver Production Clerk DISTRICT I SUPERVISOR Printed Name (915)-683-2422 Title November 4, 1991

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.

OR RECORD ONLY

VDD 30 1003

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.

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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 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Addresi 24 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Oil Dry Gas 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 Well No. Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee lalmat Location Feet From The NOTED Line and Unit Letter **25-**5 Range NMPM 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) LOWIS B. Burkson, Inc P.O. BOX 2479, Midland, If well produces oil or liquids, Twp. Rge. When? Is gas actually connected? give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number IV. COMPLETION DATA Oil Well Gas Well New Well | Workover Deepen Plug Back | Same Res'v Diff Res'y Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth 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 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 (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 off my knowledge and belief. APR 20'92 Date Approved _ By_ Title_

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Antesia, NM 88210

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

1000 Rio Brazos	Rd., Aziec, NM	87410
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T		

000 Rio Brazos Rd., Aziec, NM 87410	REQUEST FO								
Operator	TO TRA	NSPORT OIL	AND NA	TURAL GA	AS Well 2	PI No.			
Lewis B. Burleson,	Inc.								
Address									
P. O. Box 2479 Reason(s) for Filing (Check proper box)	Midland,	Texas 797		et (Please expla	iin)				
New Well	Change in	Transporter of:			•				
Recompletion		Dry Gas		To 1	be effe	ctive 1	1/1/91		
Change in Operator I change of operator give name	Casinghead Gas	Condensate							
ad address of previous operator			·		,				
I. DESCRIPTION OF WELL		Deal None Jacket	ina Famorian		Viad	of Lease	1	ease No.	
Longhart 22	Well No.	Pool Name, Include	- Matt	iv Julm	State	Federal or Federal		E236 140.	
Location	110	0	/ .1	,	10		114.7	<u> </u>	
Unit Letter	:	Feet From The	OFCN Lin	e and	60 Fe	et From The	Wast	Line	
Section 22 Township	25-5	Range 37-	E,N	мрм,	Lea	·		County	
II. DESIGNATION OF TRAN	בארטעבט עב עו	T AND MATE	DAT CAS						
Name of Authorized Transporter of Oil	or Condens			ve address to wh	tich approved	copy of this fo	orm is to be se	ent)	
					- 				
Name of Authorized Transporter of Casing Sid Richardson Carbon		or Dry Gas	Address (Given 1 st Cit	e <i>address to wh</i> y Bank T	<i>tich approved</i> Ower 20	copy of this fo l Main F	rm is to be se 't Worth:	TX 7610	
If well produces oil or liquids,		Twp. Rge.		y connected?	When				
ive location of tanks.			<u> </u>	<u>103</u>					
f this production is commingled with that to COMPLETION DATA	rom any other lease or p	ooi, give comming	iing order num	Der;			· · · · · · · · · · · · · · · · · · ·		
Designate Type of Completion	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	<u> </u>	<u> </u>	P.B.T.D.	l	1	
	,					F.B.1.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
erforations		<u> </u>				Depth Casing Shoe			
HOLE SIZE	TUBING,	CASING AND	CEMENTI		D	1	NACKS SELV	CAIT	
HOLE SIZE	CASING & 10	BING SIZE		DEPTH SET		 	SACKS CEM	ENI	
		·							
			<u> </u>	•	•	 	 	·	
/. TEST DATA AND REQUES			.1			<u></u>			
OIL WELL (Test must be after re Date First New Oil Run To Tank	ecovery of total volume of	of load oil and musi					or full 24 how	rs.)	
Date Ling Lean Oil Kitt 10 150K	Date of Test		Producing M	ethod (Flow, pu	ump, gas lyt, e	ic.)			
Length of Test	Tubing Pressure	Tubing Pressure		Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.			Gas- MCF			
, , , , , , , , , , , , , , , , , , ,	Oil - Bois.		Water - Bors	•					
GAS WELL			-1.			· •			
Actual Prod. Test - MCF/D	Length of Test	77.5	Bbls. Coader	BELE/MMCF		Gravity of C	Condensate		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
				(
VI. OPERATOR CERTIFIC				211 001	ICED\	ATION			
I hereby certify that the rules and regular Division have been complied with and	ttions of the Oil Conservity that the information give	ration In above		OIL CON	NOEH V	HION!	יייין אוטוען ג 100 1	NΙΝ	
is true and complete to the best of my t	movedge and belief.	=	Date	Approve	d	MAA 1	5 1991		
Maron	Deaver			, , ,pp, 046	·				
Signature		on Clark	By_	By ORIGINAL MENTE BY IS			SEXTON		
Sharon Beaver Printed Name	Producti			D!:	STRICTIS	UPERVISO,	7		
November 4, 1991	(915)-68	3-2422	Title						
Date	Tele	phone No.	11						

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