

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator LEWIS B. BURLESON, INC.	
Address P.O. BOX 2479, MIDLAND, TX 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Lease Name LANEHART 22	Well No. 1	Pool Name, Including Formation JALMAT (YTS-7R)	Kind of Lease State, Federal or Fee FEE	Lease No.
Location				
Unit Letter D	660	Feet From The West	Line and 660	Feet From The North
Line of Section 22	Township 25S	Range 37E	NMPM, LEA	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> NONE	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> EPNG	Address (Give address to which approved copy of this form is to be sent) BOX 1492, El Paso, TX 79978	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? YES	When SINCE 1977

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X				X		X
Date Spudded 12-21-77	Date Compl. Ready to Prod. 7-5-87	Total Depth 3538 MD	P.B.T.D. 3150 MD					
Elevations (DF, RKB, RT, GR, etc.) 3079 GR	Name of Producing Formation YATES	Top Oil/Gas Pay 2905	Tubing Depth 3000					
Perforations 2905 - 3021'	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2	8 5/8	980	550 SX
7 7/8	4 1/2	3655	1315 SX

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)

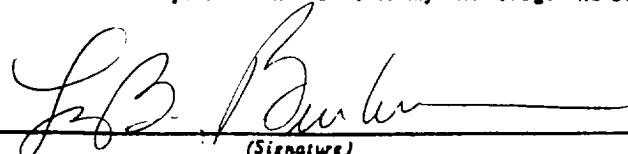
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 170	Length of Test 12 hrs	Bbls. Condensate/MCF 0	Gravity of Condensate -
Testing Method (pilot, back pr.) back pr.	Tubing Pressure (shut-in) 170	Casing Pressure (shut-in) 170	Choke Size 13/64

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

	(Signature)
President	(Title)
7-6-87	(Date)

OIL CONSERVATION COMMISSION	
AUG 11 1987	
APPROVED _____, 19	
BY ORIGINAL SIGNED BY JERRY SEXTON	
TITLE DISTRICT I SUPERVISOR	

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Supersede Form C-104 must be filed for each test to maintain