Submit 5 Copies
Appropriate District Office
DISTRICT I
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

## OIL CONSERVATION DIVISION

DISTRICT II P.O. Drawer DD, Artesia, NM 88210	P.O. Box 2088  Sente Fe New Merrice 97504 2089							
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, New Mexico 87504-2088 5880 3  REQUEST FOR ALLOWABLE AND AUTHORIZATION							
I. Operator	TO TRANSPORT OIL AND NATURAL GAS Well API No.							
Lewis B. Burleson,	Inc.				,	41110.		
Address P. O. Box 2479	Midland,	Texas 797	02	,				
Reason(s) for Filing (Check proper box) New Well				et (Please expl	ain)			
Recompletion		ransporter of:		To	be effe	ctive 11	/1/91	1
Change in Operator	Casinghead Gas 🔲 (	Condensate [						
If change of operator give name and address of previous operator			<del> </del>	<del> </del>				<del></del>
II. DESCRIPTION OF WELL Lease Name								
Mobil	Well No.	Pool Name, Includi				of Lease Federal or <u>Fee</u>	Lea	ase No.
Unit Letter	: 1980	Feet From The			180 E	et Emm The	11)04	7 line
Section 22 Townshi		Range 37-		мрм,	Lea			County
III. DESIGNATION OF TRAN								
Name of Authorized Transporter of Oil	or Condens			e address to wi	hich approved	copy of this for	n is to be sen	u)
Name of Authorized Transporter of Casing		or Dry Gas	Address (Giv		list	6011.6		
Sid Richardson Garbon	&_Gasoline Co		1st Cit	y Bank T	ower 20	copy of this fort l Main Ft	Worth,	"TX 76102
If well produces oil or liquids, give location of tanks.	Unit Sec. 1	lwp. Rge.	Is gas actuali	connected?	When	1 Pocil	100	0
If this production is commingled with that IV. COMPLETION DATA SI	rom any other lease or p	ol, give commingl	ing order num	oer:	·	MIII,	1918	
	Oil Well	Gas Well	New Well	Eff. 3/1/3 Workover	ಶವಿ Deepen	Plug Back   S	ama Pasiu	Diff Res'v
Designate Type of Completion  Date Spudded	<u> </u>	<u></u>	<u>L</u>		L	riog back  S	ame Kes v	Dill Kesv
	Date Compl. Ready to F	70a.	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	
	TUBING, C	CASING AND	CEMENTI	NG RECOR	D	1		
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
							*	
V. TEST DATA AND REQUES						<u> </u>	<del></del>	
OIL WELL (Test must be after re Date First New Oil Run To Tank	covery of total volume of Date of Test	load oil and must	be equal to or Producing Ma	exceed top allo	wable for this	depth or be for	full 24 hours	:.)
Length of Test				-	···φ, <u>a</u> ω .y., ε			
Length of Tex	Tubing Pressure		Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbis.		Water - Bbls.			Gas- MCF		
GAS WELL	l					<u> </u>		
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 CERTIFIC.	ATE OF COMPI	IANCE						
I hereby certify that the rules and regula	Lions of the Oil Conserva	tion	(	DIL CON	ISERVA	ATION D	IVISIO	Ν
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				NOV 1 5 1991				
_ Sharm &	Seather		Date	Approve	a	রুষ⇔⊈ জু কজ	1000	
Signature Sharon Beaver Production Clerk			By ORIGINAL MIGNED BY JERRY SEXTON					
Printed Name	(915)-683	ide	Title			n +13VK		
November 4, 1991		-2422 lone No.		RECC	ORD (	DNLY	M FINE	(((((((((((((((((((((((((((((((((((((((
					'	•	一個世紀以	

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.

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Submit 5 Copies
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 1-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Lead of the	S	anta Fe,	New Mex	rico 8750	4-2088				
OSTRICT III OSO Rio Brazos Rd., Azzec, NM 87410	REQUEST I	OR ALI	LOWABI	LE AND A	UTHORIZ	ZATION			
•	REQUEST FOR ALLOWABLE AND AUTHORIZATION  TO TRANSPORT OIL AND NATURAL GAS  T Well A				PI No.				
Openior Lewis B. Burleson,	Inc					1			
Address									
P. O. Box 2479	Midlan	d, Texa	s 7970		t (Please expl	zin)			
Reason(s) for Filing (Check proper box) New Well	Change	in Transport	ter of:		i it ieme expa				
Recompletion		Dry Gas	15.7		To	be effec	tive 11,	/1/91	
Change in Operator	Casinghead Gas	Condens	ale 🗌						
change of operator give name and address of previous operator									
I. DESCRIPTION OF WELL	AND LEASE								
Lease Name Moh!	Well No. Pool Name, Including Formation				Lease ederal or Fee	Lea	ise No.		
Location		<u> </u>	IMAL	405			-		
Unit Letter F	1980	Feet Fro	on The NO	15th Lin	and	180 Fox	t From The	Wast	Line
20	15-6		27	0		100			County
Section of L Township	, 20-5	Range	<u> </u>	<u>ر , Nr</u>	ирм,	nui			County
III. DESIGNATION OF TRAN			NATUE	RAL GAS				<del></del>	
Name of Authorized Transporter of Oil	or Cond	or Condensate			e address to w	hich approved	copy of this form	n is lo be sen	1)
Name of Authorized Transporter of Casing	zhead Gas	or Dry (	Gas 🔽	Address (Giv	e address to w	hich approved	copy of this form	n is to be sen	<sup>4)</sup> my 7610
Sid Richardson Carbon						ower 20		wortn,	
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.	Rge.	Is gas actuali	105	When	"april	197	ρ
If this production is commingled with that	from any other lease	or pool, giv	e commingli	ng order num	per:				
IV. COMPLETION DATA	Oil W	/ell C	las Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v
Designate Type of Completion	- (X)	i			İ		<u> </u>		<u>i                                     </u>
Date Spudded	Date Compl. Ready	y 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	
	TUBIN	G. CASIN	NG AND	CEMENTI	NG RECOR	<u>w</u>	<u> </u>		
HOLE SIZE					DEPTH SET		SACKS CEMENT		
				· · · · · · · · · · · · · · · · · · ·					
<del></del>	<del> </del>					•			
V. TEST DATA AND REQUES OIL WELL (Test must be after t			oil and must	be equal to o	exceed top al	lowable for thi	depth or be for	r full 24 how	·s.)
Date First New Oil Run To Tank	Date of Test					wrp, gas lift, e			
Land of Test				Casina Press			Choke Size		
Length of Test	Tubing Pressure	Tubing Pressure		Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas- MCF			
CACTIELL				1			.l		
GAS WELL Actual Prod. Test - MCF/D	Length of Test			Bbls. Conde	nsate/MMCF		Gravity of Co	ondensale	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC	ATE OF COL	ADI TAN	JCE	٠	***		<u> </u>		
I hereby certify that the rules and regu	lations of the Oil Co	nservation			OIL CO	NSERV.	ATION D	VISIC	N
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved NOV 1 5 1991				
A. A.	Towkedke and pelle	4,		Date	Approve	ed	IANA T	0 1331	
Marin	Deaver			D.,	Anicia	iai algebie	A ER ISDON	CENTON	
Signature Sharon Beaver	Production Clerk			By-	By ORIGINAL MENTO BY JERRY SEXTON DISTRICT LEWERVISOR				<del>,</del>
Printed Name	(015)	Tide -683-24	.22	Title					
November 4, 1991		Telephone N				·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
			*	11					

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