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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 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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	new							1.0.1				
I		TO TRA	NSI	PORT OIL	_ AND NA	TURAL	SAS	<del></del>	B. S.			
Operator				Well A	Well API No. 30-025-26017							
Lewis B. Burleson, In	C.							<u>_</u>	20-Cd	5-00	0//	
Address P.O. Box 2479 Midland	TX	79.702				-			•			
Reason(s) for Filing (Check proper box)	, , ,	73702			Oth	ner (Please exp	olain)		•	<del> </del>		
New Well		Change in	Tmns	moder of:		101 (1 10 40 5 40 7	<i>p-</i> ,					
F773	Change in Transporter of: Oil Dry Gas											
Recompletion \( \times \)											İ	
Change in Operator	Casingne	20 025	Conc	sensate								
If change of operator give name and address of previous operator				<del> </del>								
II. DESCRIPTION OF WELL	AND LE								<del></del>			
Lesse Name	Well No. Pool Name, Including							Lease No.		ease No.		
Saunders Estate	3   Jalmat (T			-Y-7R) Gas .   Su			State,	te, Federal of Fee				
Location Unit Letter D		660	Feet	From The	North Li	ne and	660	Fee	et From The	West	Line	
	258			ge 37E		тмрм,			Lea		County	
Section ZO Township			Kan	KE J/L		mrm,			LCu		County	
III. DESIGNATION OF TRANS	<b>SPORTI</b>	er of o	IL A	JTAN DN.	IRAL GAS							
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)										nt)		
Name of Authorized Transporter of Casinghead Gas or Dry Gas X						Address (Give address to which approved copy of this form is to be sent)						
Sid Richardson Carbon					201 Main St. Ft. Worth							
If well produces oil or liquids, give location of tanks.	Unit I	Sec.	Twp	. Rge	. Is gas actual				9-11-92			
If this production is commingled with that f	rom any o	ther lease or	pool.	give comming	1	nber:						
IV. COMPLETION DATA			<b>,</b>	<b>3</b> · · · · · · · · · · · · · · · · · · ·	, g 0.000 a.a.					· · · · · · · · · · · · · · · · · · ·	<del></del>	
Designate Type of Completion -	(X)	Oil Wel		Gas Well X	New Well	Worköver	-	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		nol Ready to	n Prod		Total Depth	J			DDTD			
9/30/78	Date Compl. Ready to Prod. 9/11/92				]	3400			P.B.T.D. 2750			
Elevations (DF; RKB, RT, GR, etc.) 3029 GR	Name of Producing Formation Yates				Top Oil/Gas	Top OiVGas Pay 2489				Tubing Depth 720		
2489 - 2554										Depth Casing Shoe		
- 137 2000		TIDDIC	~	CDIC AND	CEVEN I	nia prao			<u> </u>			
UOLE SIZE	TUBING, CASING AND								T			
HOLE SIZE 11 3/4	CASING & TUBING SIZE 8 5/8					DEPTH SET				ACKS CEMI	ENT	
<del></del>		<del>and the same of t</del>			<del> </del>					. 500 sx		
7.7/8	4_1/2			3400			300 sx					
		<del></del>					-					
V, TEST DATA AND REQUES	TEOR	ALLOW	ARI.	F					<u> </u>			
							_1/			4.11.24.1		
Date First New Oil Run To Tank		be equal to or exceed top allowable for this depth or be for full 24 hours.)										
DEL THE TOW OH RUB TO THE	1					Producing Method (Flow, pump, gas lift, etc.						
I seeth of Tod		9/11/9	92			Pumping				·		
Length of Test	Tubing Pressure			Casing Pressure				Choke Size	Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbli	<u></u>			Gas- MCF				
		on a Bois.								,		
GAS WELL									<del>I</del>			
Actual Prod. Test - MCF/D	Length of	Test		<del></del>	Bbls. Coade	nsate/MMCF	<del></del>		Gravity of C	ondensale	·	
120	24				0							
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size			
meter run						24						
VI OPERATOR CERTIFIC	ATE O	E COLO	T Y A	NCC	1				L	<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	J	
VI. OPERATOR CERTIFICATE OF COMPLIANCE					- 11	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						11						
is true and complete, to the best of my knowledge and belief.					SEP 1 8192							
1/4 //1/1						e Approv	'ed					
1/5///	~/											
Signature						ByORIGINAL SIGNED BY SERRY SEXTON						
<u>Steven L. Burleson</u> Vice-President												
Printed Name Title						TitleDISTRICT I SUPERCISOR						
<u>9/16/92</u> 915/683-4747						·	<del></del>					
Date		Tele	phone	No.							19	

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.