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Appropriate District Office
DISTRICT! 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 TO TRANSPORT OIL AND NATURAL GAS Well API No. 30-025-26/55 Operator Lewis B. Burleson, Inc. Address Midland, Texas 79702 P. O. Box 2479

Reason(s) for Filing (Check proper box)			_		☐ Othe	t (Please expla	<i>.</i>				
New Well		Change in				To 1	on effec	tive 1	1/1/91		
Recompletion $\Box$	Oil	. a 57	Dry G			10 1	Je errec		-1-10-		
hange in Operator	Casinghea	d Gas (2	Conne	nate							
change of operator give name address of previous operator					<del> </del>						
I. DESCRIPTION OF WELL	AND LEA		Track N	Vana Vanu	dina Comption		Kind (	of Lease	L	ease No.	
Lease Name Well No. Pool Name, Including Annahort 4 Jalma					25 T-	lates-	SR State,	Federal or Fee			
Location		220			·				Sout	4	
Unit Letter	_ :	30	_ Feet F	_	ubst Lin	and	,		Sout	Line	
Section 2/ Townshi	, ac	<u>5-5</u>	Range	3	7-E , NT	ирм,	Lea	<u>,                                      </u>		County	
II. DESIGNATION OF TRAN	ISPORTE	R OF O	IL Al	ND NATI	JRAL GAS						
Name of Authorized Transporter of Oil	Address (Giv	Address (Give address to which approved copy of this form is to be sent)									
Sun Kefining & M				noany	2415	C. HW	Y 80	Mode	noul	TX 79701-6	
	ame of Authorized Transposser 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					
	Richardson Carbon & Gasoline Co.										
f well produces oil or liquids, ive location of tanks.	Unit	Sec.	Twp.	Rge	405			•			
this production is commingled with that V. COMPLETION DATA	from any oth	her lease of	r pool, g	ive commin	gling order num	<del></del>					
Designate Type of Completion		Oil We	11	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready	io Prod.	· · · · · · · · · · · · · · · · · · ·	Total Depth	1	<u> </u>	P.B.T.D.	1		
				Too Oil/Gas	Top Oil/Gas Pay			Tuking Death			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					100 01000	100 010 020 129			Tubing Depth		
Perforations	<u></u>							Depth Casin	g Shoe		
		TUBING	. CAS	ING AN	D CEMENTI	NG RECOR	D D				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
								ļ			
							······································				
. TEST DATA AND REQUE	ST FOR A	ALLOW	ABLI	Ē	<u> </u>						
OIL WELL (Test must be after	recovery of 1	otal volum	e of load	d oil and mu					for full 24 hou	vs.)	
Date First New Oil Run To Tank	Date of Test				Producing M	Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure				Casing Press	Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbli	Water - Bbls.			Gas- MCF		
GAS WELL Actual Prod. Test - MCF/D   Length of Test					Bhis Conde	Bbls. Condensate/MMCF			Gravity of Condensate		
your floation - Michie	Deligui of Teat				5018. COLO						
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Press	Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC	CATE O	F COM	PLIA	NCE		011 001	10501	ATION			
I hereby certify that the rules and regularized have been complied with an							NSERV	AHON	DIVISIO	אכ	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date	Date Approved NOV 1 5 1991					
Marin	Don	men	)							•	
Signature Sharon Beaver Production Clerk					∥ By_			<del></del>			
Printed Name		915)-6	Title	<del></del>	Title	) <u></u>					
November 4, 1991	(	· · · · · · · · · · · · · · · · · · ·	elenhone								

Telephone No.

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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NOV 07 1991

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