Submit 5 Copies
Appropriate District Office
DISTRICT 1
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., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

| I. | TO TRANS | SPORT OIL | AND NA | TURAL GA | | | | | |
|---|-----------------------------|---------------------------|--|---|-----------------------|-----------------------------------|-------------------|---------------|--|
| Operator Lewis B. Burleson, Inc. | | | | | | | D-025-26155 | | |
| Address P. O. Box 2479 | | Midland, | Texas | 79702 | | | | | |
| Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator | Change in Tra | | Las nam | er (Please expla t previ | ous C- Richar | dson Ca | oneous | ly Gasolin | |
| If change of operator give name and address of previous operator | | | | | | | | | |
| II. DESCRIPTION OF WELL Lease Name LAUEHAR Location | Well No. Po | Name, Includin | | ATES | 1 / / - | of Lease Federal or <u>Fee</u> | - | ase No. | |
| Unit Letter | 15 | eet From The U | UESTLIN , N | | 50 Fe | et From The | Sout | Line County | |
| III. DESIGNATION OF TRAN Notice of Australiand Transporter of Oil (11) KEFIUING + | or Condensate | | | ve address to wh | n . 14 | copy of this fo | orm is to be se | 701-9286 | |
| Name of Authorized Transporter of Casin | | Dry Gas | | ve address to wh | iich approved | copy of this f | orm is to be see | rt) | |
| El Paso Natural Ga If well produces oil or liquids, give location of tanks. | | "B Rge. | Is gas actual | OX 1492 ly connected? | El P When | aso, Te ? | exas 7 | 9978 | |
| If this production is commingled with that IV. COMPLETION DATA | from any other lease or poo | l, give commingli | | ~ | | | | | |
| 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 | | | P.B.T.D. | | | |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | | Top Oil/Gas Pay | | | Tubing Dep | Tubing Depth | | |
| Perforations | | | | | | | Depth Casing Shoe | | |
| | TUBING, CASING AND | | | | | | | | |
| HOLE SIZE | CASING & TUBI | CASING & TUBING SIZE | | DEPTH SET | | | SACKS CEMENT | | |
| | | | | · <u>-</u> · · · · · · · · · · · · · · · · · · · | | | | | |
| V. TEST DATA AND REQUE | ST FOR ALLOWAR | BLE | | | | | | | |
| —————————————————————————————————————— | | | | be equal to or exceed top allowable for this depth or be for full 24 hours.) 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 | | | <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 CERTIFICATE OF COMPLIANCE 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. | | | OIL CONSERVATION DIVISION Date Approved | | | | | | |
| Signature Sharon Beaver Production Clerk Printed Name Title | | | By Oktober 20 to the section Title | | | | | | |
| August 7, 1990 [©] | 915/683-4747 | none No. | 11116 | <i></i> | | **** | | | |

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.