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

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, Anesia, NM 88210

FOLLEST FOR ALLOWARI E AND AUTHORIZATION

• • • • • • • • • • • • • • • • • • • •	REQUES	TRANS	ALLY POF	RT OIL A	ND NATI	JRAL GAS	S				
ntor		HANC	<u>,, </u>	·· <u>· · · · · · · · · · · · · · · · · ·</u>			Well API	No.			
ewis B. Burleson,	Inc.										
en e		3		7970	12						
, 0, 20	Midlan	d, Te	xas	/9/((Please explai	n)				
on(s) for Filing (Check proper box)	~	ange in Tra	,,,,,,,,,,	roft				11/1/	0.0		
Well		ange in 112		. 0	TO	BE EF	FECTIVE	11/1/	89		
Surfaces ===	Oil Casinghead G		onden 121	le 🗌							
ange in Operator	Canada C										
address of previous operator											
DESCRIPTION OF WELL A	ND LEAS	E			F		Kind of	Lease	Lea	se No.	
se Name	Well No. Pool Name, Including 4 Jalmat				Z I O I I I I I I I I I I I I I I I I I			State, Federal or Fee			
Janehart											
ation L	3 3	30 -	Gene	n The We	st line	165	O Feet	From The _	South	Line	
Unit Letter	:	P	ea riu	n ine			,				
Section 21 Township	25-	-S R	ange	37-E	, NN	IPM, L	ea			County	
DESIGNATION OF TRANS	PORTER	OF OIL	AND	NATUE	Addres (Give	address to w	hich approved o	copy of this fo	orm is to be set	<u> </u>	
me of Authorized Transporter of Oil	IX XI	r Condens			415 E.	Hwy. 8	30 Mid	land,	TX 7970	1-9288	
Sun Refining & Marl me of Authorized Transporter of Casing	keting	XX	or Dry C		Address (Giw	e address to wi	hich approved	copy of this fo	em is to be se	ਪ)	
l Paso Natural Gas	Compar		. D., C			ox 1492		Paso,		79978	
well produces oil or liquids,			Iwp.	Rge.	Is gas actually	y connected?	When	?			
e location of tanks.	L İ	21	25	37	Ye						
his production is commingled with that f	rom any other	r lease or po	ool, give	e comming!	ing order num	ber:					
. COMPLETION DATA		100.00.0		W.U	New Well	Workover	Deepen	Plug Rack	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well	1 0	ias Well	I New Mell	WOLKOVE	1 Deepen 1	i ing back	l l		
are Spudded	Date Compl	. Ready to	Prod.		Total Depth	J		P.B.T.D.			
_ open											
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
						<u> </u>			Depth Casing Shoe		
erforations								Dapa. 02.			
		URING	CASI	NG AND	CEMENT	NG RECO	RD	1			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
ACE SIZE		<u> </u>									
								<u> </u>			
						 					
	om POD 4	TTOW	ADI T					J			
TEST DATA AND REQUE OIL WELL (Test must be after	ST FOR A	LLUWA	ABLE	oil and mus	the equal to a	or exceed top a	illowable for th	is depth or b	e for full 24 ho	ws.)	
OIL WELL (Test must be after) Date First New Oil Run To Tank	Date of Te		oj toda	OU UNU MUS	Producing N	Aethod (Flow,	pwnp, gas lift,	elc.)			
Date Ping New Oil Run 10 14th	Date of Year					·	·				
ength of Test	Tubing Pressure				Casing Pres	sure		Choke Size			
= -							Gas- MCF				
Actual Prod. During Test	Oil - Bbls.			Water - Bb	ls.		Gas- IVICI				
GAS WELL					Thur A	ancora A A I CE		Gravity	Condensate		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Glavity of Concention			
Total Maked (-1/2/ Lack)	Tubing Pressure (Shui-in)			Casing Pressure (Shut-in)			Choke Si	ze			
Testing Method (pitot, back pr.)	, pack pr.)										
VI. OPERATOR CERTIFIC	CATEO	E COM	PITA	NCF							
						OIL CC)NSER\				
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above								ሀሆ.	T 301	389	
is true and pointplete to the best of finy knowledge and belief.					∥ Da	te Appro	ved				
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, M K		1			l I						
_ Sharon L	lave	<u> </u>			Bv	Op	IGINAL SIG	NED BY I	ERRY SEXT	ON	
Sharon Beaver		<u>ducti</u>	on C	Clerk	Ву	OR	IGINAL SIG	NED BY J		ON	
Signature Sharon Beaver	Pro						DISTRIC	CT I SUPE	RVISOR		
	Pro	683-		7				CT I SUPE	RVISOR		

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
- 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.