

|                  |     |  |  |
|------------------|-----|--|--|
| DISTRIBUTION     |     |  |  |
| SANTA FE         |     |  |  |
| FILE             |     |  |  |
| U.S.G.S.         |     |  |  |
| LAND OFFICE      |     |  |  |
| TRANSPORTER      | OIL |  |  |
|                  | GAS |  |  |
| OPERATOR         |     |  |  |
| PRORATION OFFICE |     |  |  |

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-1  
Effective 1-1-65

I.

|  |   |  |
|--|---|--|
| Operator<br>Burleson & Huff                  |   |  |
| Address<br>Box 2479, Midland Texas 79702     |   |  |
| Reason(s) for filing (Check proper box)      |   | Other (Please explain)   |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of:<br>Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/><br>Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | <b>CASINGHEAD GAS MUST NOT<br/>FLARED AFTER 5/11/79<br/>UNLESS AN EXCEPTION TO R-4070<br/>IS OBTAINED.</b> |
| Recompletion <input type="checkbox"/>        |   |  |
| Change in Ownership <input type="checkbox"/> |   |  |

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

|  |               |  |  |           |
|--|---------------|--|--|-----------|
| Lease Name<br>Lanehart   | Well No.<br>4 | Pool Name, Including Formation<br>Langlie Mattix Queen | Kind of Lease<br>State, Federal or Fee fee | Lease No. |
| Location<br>Unit Letter L ; 330 Feet From The west Line and 1650 Feet From The south<br>Line of Section 21 Township 25-S Range 37-E , NMPM, Lea County |               |  |  |           |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |   |            |            |            |                                  |              |
|---|---|------------|------------|------------|----------------------------------|--------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>The Permian Corporation         | Address (Give address to which approved copy of this form is to be sent)<br>Box 1183, Houston, TX 77001 |            |            |            |                                  |              |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>El Paso Natural Gas Co. | Address (Give address to which approved copy of this form is to be sent)<br>Box 1492, El Paso, TX 79978 |            |            |            |                                  |              |
| If well produces oil or liquids, give location of tanks.  | Unit<br>L   | Sec.<br>21 | Twp.<br>25 | Rge.<br>37 | Is gas actually connected?<br>no | When<br>soon |

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

IV. COMPLETION DATA

|  |  |  |                           |
|--|--|--|---------------------------|
| Designate Type of Completion - (X)             | Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> | New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/> |                           |
| Date Spudded<br>11-29-78                       | Date Compl. Ready to Prod.<br>1-30-79  | Total Depth<br>3530  | P.B.T.D.<br>3530          |
| Elevations (DF, RKB, RT, GR, etc.)<br>3043.7GR | Name of Producing Formation<br>Queen   | Top Oil/Gas Pay<br>3165  | Tubing Depth<br>3340      |
| Perforations<br>3165-3343 24 holes             |  |  | Depth Casing Shoe<br>3530 |
| TUBING, CASING, AND CEMENTING RECORD           |  |  |                           |
| HOLE SIZE                                      | CASING & TUBING SIZE   | DEPTH SET  | SACKS CEMENT              |
| 12-1/4   | 8-5/8  | 971  | 550                       |
| 7-7/8  | 4-1/2  | 3530   | 300                       |
|  | 2-3/8  | 3340   |                           |

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

|   |                          |   |                     |
|---|--------------------------|---|---------------------|
| Date First New Oil Run To Tanks<br>3-1-79 | Date of Test<br>3-1-79   | Producing Method (Flow, pump, gas lift, etc.)<br>flow |                     |
| Length of Test<br>24 hr                   | Tubing Pressure<br>0-130 | Casing Pressure<br>150                                | Choke Size<br>12/64 |
| Actual Prod. During Test<br>89            | Oil-Bbls.<br>52          | Water-Bbls.<br>37                                     | Gas-MCF<br>125      |

GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| 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. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.



(Signature)

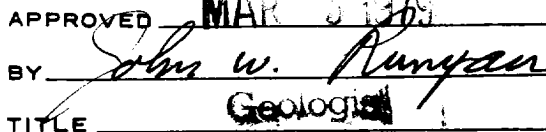
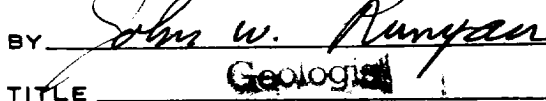
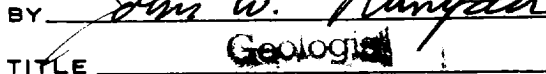
Owner

(Title)

3-2-79

(Date)

OIL CONSERVATION COMMISSION

APPROVED  , 19  
BY   
TITLE 

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Supersedes Form C-104 must be filed for each well in multiple