	DISTRIBUTION					
	SINTAFE	1				
	I LE		1			
	U.S.G.S.			†		
	LAND OFFICE			_		
1.	TRANSPORTER	OIL				
		GAS				
	OPERATOR					
	PRORATION OFFICE					
	Cperator					
	Lewis B. Burleson,			In		
	Address					
	Box 2479, Midland,			Te		
	Reason(s) for filing (Check proper box)					
- 1	May W-11					

NEW MEXICO OIL CONSERVATION COMMITTION

LE	REQUE	ST FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C	
to S.G.S.	AUTHORIZATION TO T	AND RANSPORT OIL AND NATURA	Effective 1-1-65	
LAND OFFICE		WHO OR OLL AND NATURA	AL GAS	
TRANSPORTER GAS				
OPERATOR				
I. PRORATION OFFICE Cperator				
Lewis B. Burleson, I	nc.			
Box 2479, Midland, T	exas 79702			
Reason(s) for filing (Check proper bo		Other (Please explain)	CAC SWICE STATE	
Recompletion	Change in Transporter of: OII Dry	r of: CASINGHEAD GAS MUST NOT HE FLARED AFTER 1012/19		
Change in Ownership		densate UNLESS AN E	EXCEPTION TO R-4079	
If change of ownership give name and address of previous owner		18 OBTAINED.		
II. DESCRIPTION OF WELL AND	LEASE	^		
Lease Name	Well No. Pool Name, Including	Formation at WK Kind of Le	case Lease No.	
Federal Location	XXXXXXXX _	State, Fed	eral or Fee Federal NM-23019	
Unit Letter E; 89	O Feet From The West	line and 2210 Feet Fro		
Line of Section 27 To	waship 25-S Range	37-E , NMPM,	Lea County	
III. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	248	County	
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which app	roved copy of this form is to be sent)	
Basin, Inc. Name of Authorized Transporter of Ca	singhead Gas 🗶 or Dry Gas	Box 2297, Midland,	Texas 79702	
El Paso Natural Gas		Box 1492, El Paso,	roved copy of this form is to be sent) Texas 79978	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	!s gas actually connected?	Yhen	
If this production is commingled with	E 21 25 3		1-week	
If this production is commingled wit IV. COMPLETION DATA				
Designate Type of Completion	on - (X) 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.	
7-6-79	8-2-79	3340	3340	
Elevations (DF, RKB, RT, GR, etc.) 3064 GR	Name of Producing Formation YEARSY Seven Rivers	Top Oil/Gas Pay 3242	Tubing Depth 3202	
Perforations			Depth Casing Shoe	
3242, 44, 45, 53, 81.	85, 90, 3300, 02, 05,		3340	
HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET		
12-1/4	8-5/8	988	SACKS CEMENT 625 SX - circulated	
7-7/8	4-1/2	3340	350 sx - top of cement	
	2-3/8	3202	10001	
V. TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	after recovery of total volume of load of	l and must be sound to so you	
OIL WELL Date First New Oil Run To Tanks	able for this de	eptit or be for just 24 nours;		
8-2-79	8-2-79	Producing Method (Flow, pump, gas if	ift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
24 Actual Prod. During Test	50-80#	Water-Bbls.	28/64	
	68	00	Gas-MCF	
		80	316	
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls, Condensate/MMCF		
		Bare, Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI. CERTIFICATE OF COMPLIANC	E	OIL CONSERVA	TION COMMISSION	
Therefore we do not all the		il .		
I hereby certify that the rules and re Commission have been complied wi	th and that the information given	BY Jam W Jungan		
above is true and complete to the	best of my knowledge and belief.			
		TITLE	49	
Ja B. But			compliance with RULE 1104.	
(Signate		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 allow-		
President				
(Title	i	able on new and recompleted we	ils.	
August 3, 19		Fill out only Sections I, II well name or number, or transport	. III, and VI for changes of owner, er, or other such change of condition.	
,			he fited for not next is multiply	