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Appropriate District Office
DISTRICT J
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

## 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., Azzec, NM 87410

T		OR ALLOWA							
I. Operator	TOTR	ANSPORT O	L AND NA	TURAL G		. 51 \ 1			
Lewis B. Burleson	Inc				Well	API No.			
Address	, 1110.	···				<del></del>			
P. O. Box 2479	Midland,	Texas 79	702						
Reason(s) for Filing (Check proper box)			Ouh	er (Please expl	zin)				
New Well Recompletion		Transporter of:					. /00		
Change is Operator	Oil X Casinghead Gas	Dry Gas	1	O BE EF	FECTI	AE II/	1/89		
If change of operator give name	Changnesa Gas	Condensate							
and address of previous operator				·					
IL DESCRIPTION OF WELL									
Sue Federal	Well No.	•			Kind	of Lease		ease No.	
Location	11	<u> Jalmat</u>	7-y-	5R	State	Federal or Fe	e	, , ,	
Unit Lener M	. 990		/ C = + le		_				
Omit Ezeter	_ :	Feet From The _	South Lin	e and66	<u>0</u> F	eet From The	Wes	tLine	
Section 31 Townsh	1ip 25-S	Range 37-	Е ът	МРМ,	Lea	<u> </u>			
TT - DWG- 6-1-1-			1.11	mrm,	TI CC	· · · · · · · · · · · · · · · · · · ·	<del></del>	County	
III. DESIGNATION OF TRAN	VSPORTER OF O	IL AND NATU	JRAL GAS						
Carp De Simina a Vi			Address (Give address to which approved copy of this form is to be sent)						
Sun Refining & Marketing Company Name of Authorized Transporter of Casinghead Gas XX or Dry Gas			4410 F.	4415 E. MWY. 80 Midland, TX 79701-9288					
El Paso Natural Gas			Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1492 El Paso, Texas 79978						
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.		. Is gas acqually		When	Paso, Texas 79978			
	I M   31	lar i am	I		When	7			
If this production is commingled with that IV. COMPLETION DATA	from any other lease or	pool, give comming	ling order numb	ber:			<del></del>		
	Oil Well							<del></del>	
Designate Type of Completion	- (X)	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to	Prod.	Total Depth			<u> </u>	1		
Fleutines (DE DVD DV						P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations									
						Depth Casin	g Shoe	<del></del>	
	TUBING.	CASING AND	CEMENTIN	IC PECODI		<u> </u>			
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE			DEPTH SET			SACVO OSLIEVE		
	·				SACKS CEMENT				
	<del></del>							<del></del>	
	<u> </u>							·	
V. TEST DATA AND REQUES	T FOR ALLOWA	BLE	<u> </u>						
OIL WELL (Test must be after r. Date First New Oil Run To Tank	Date of Test	of load oil and musi	be equal to or e	exceed top allow	vable for this	denth on he d			
Desiration Oil Rus 10 Tank		Producing Met	hod (Flow, pur	φ. gas lift, et	naph or be for full 24 hours.)				
Length of Test	Tubing Pressure					·			
	Lucing Pressure		Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.			Gas- MCF			
GAS WELL			<u> </u>	·	··				
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condens	16/MMCF		Coulor A C			
Testing Method (pilot, back pr.)	1 MS-		Carlos Daniel (8)			Gravity of Condensate  Choke Size			
, <u></u>									
VL OPERATOR CERTIFICA	ATE OF COLF	7.33							
a necessary certify that the rules and remain	tions of the Oil Co.			II CON		TION		J	
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 been complete.			OIL CONSERVATION DIVISION						
is true and complete to the best of my mowledge and belief.			Date Approved0CT 3 0 1989						
Mharminha			Date /	Approved		0100	נסטו		
Sharon Beaver Production Clerk			D. ORIGINAL CO.						
Sharon Beaver Production Clerk Primed Name			DISTRICT I SUPERMENT						
10/25/89 915/ 683-4747			DISTRICT I SUPERVISOR Title						
Date			11116_	·					
	Teleph	some No.	1						

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.