Submit 5 Copies	State of	New Mexico	·
Appropriate District Office DISTRICT 1		Vatural Resources Department	Form C-104 Revised 1-1-89 See Instructions
P.O. Box 1980, Hobbe, NM 88240 DISTRICT II		ATION DIVISION	at Bottom of Page
P.O. Drawer DD, Anesia, NM 88210		Box 2088 Mexico 87504-2088	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			68174
I	REQUEST FOR ALLOW, TO TRANSPORT O	ABLE AND AUTHORIZA' DIL AND NATURAL GAS	TION ~
Openano Lewis B. Burleson,			Well API No.
Address			30-025-27281
P. O. Box 2479 Reason(s) for Filing (Check proper box)	Midland, Texas 79		
New Well	Change in Transporter of:	Other (Please explain)	
Recompletion Change in Operator	Oil L Dry Gais L Casinghead Gas 🖌 Condensate	J To be	effective 11/1/91
If change of operator give name and address of previous operator			
II. DESCRIPTION OF WELL			
Lease Name	Well No. Pool Name, Inclu	uding Formation	Kind of Lease Lease No.
Location	I Jalm	at T-Y-SR	State, Federal or Fee
Unit Letter		South Line and 660	2_ Feet From The West Line
Section 31 Townsh	A	1 6	
			County
Name of Authorized Transporter of Oil	NSPORTER OF OIL AND NAT	URAL GAS	pproved copy of this form is to be sent)
Name of Authorized Transporter of Casin	Viting Co 2	415 C. HWV 80 M	nidland Tx 10701-020
Sid Richardson Carbon		Address (Give address to which a lst City Bank Towe	pproved copy of this form is to be sent) ir 201 Main Ft Worth, TX 7610
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rg	e. is gas actually connected?	When 7
If this production is commingled with that	from any other leave or neal give commit	glipg order number:	I
CONTRACTOR DATA G		LINE CO ET. 3/1/93	
Designate Type of Completion	- (X)	t i i	eepen Plug Back Same Res'v Diff Res'v
	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 Depth
Perforations			Depth Casing Shoe
			Depth Casing Shoe
HOLE SIZE		D CEMENTING RECORD DEPTH SET	SACKO OSKISKI
			SACKS CEMENT
V. TEST DATA AND REQUES	T FOR ALL OWARLE		
OIL WELL (Test must be after r. Date First New Oil Run To Tank	ecovery of local volume of locad oil and mus	si be equal to or exceed top allowable	for this depth or he for full 24 hours)
Dete First New Oil Kus To Tank	Date of Test	Producing Method (Flow, pump, go	25 lift, elc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbis.	Water - Bbls.	Gas- MCF
GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	
Testing Method (pitot, back pr.)	· · ·		Gravity of Condensate
	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI. OPERATOR CERTIFIC	ATE OF COMPLIANCE		
Division have been complied with and that the information since a low		OIL CONSERVATION DIVISION	
is true and complete to the best of my knowledge and belief.		Date ApprovedNOV 1 5 1991	
Uharon)	Degiver		
Signature Sharon Beaver	Production Clerk	By Officially 5	ionaid by Idray Sextoni
Printed Name November 4, 1991	(915)-683-2422		
Date		KÖR RECOR	ن من المحلية ال

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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 All sections of this form must be filled out for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.

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RECEIVED