Submit 5 Copies
Appropriate District Office
DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT III

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Anesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

58798

I. 1000 Rio Brazos Rd., Aztec, NM 87410			BLE AND AUTH		1 00 /	110		
Operator	Well API No.							
Lewis B. Burleson, Address			0-025-2	19529				
P. O. Box 2479	Midland	l, Texas 797						
Reason(s) for Filing (Check proper box) New Well	Change i	in Transporter of:	Other (Plea	se explain)				
Recompletion Dry Gas To be effective 11/1/91						1/91		
Change in Operator If change of operator give name	Casinghead Gas	Condensate						
and address of previous operator				······································				
II. DESCRIPTION OF WELL Lease Name		Pool Name, Includ	in Familia					
Noncy Federal Co	2m2 1	Jalmat			nd of Lease te, <u>Federal</u> or Fee	LC - 934		
Unit Letter	: 2310	_ Feet From The	last Line and _	990	Feet From The	South Line		
Section 28 Township 25-5 Range 37-E, NMPM, Laco County								
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil								
Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved con						is to be sent)		
Name of Authorized Transporter of Casinghead Gas or Dry Gas			Address (Give address to which approved copy of this form is to be sent)					
Sid Richardson Garbon & Gasoline Co. If well produces oil or liquids, Unit Sec. Twp. Rge.			1st City Ba	nk Tower 2	OI Main Ft	Main Ft Worth, TX /610		
Bus rocarion of ranks.	i i	i	110.5	whi	en? May,	1986		
If this production is commingled with that IV. COMPLETION DATA	from any other lease of DEARDS	Pool, give comming ON GASOL	ling order number:	3/1/93				
Designate Type of Completion	lou wat		New Well Work		Plug Back San	ne Res'v Diff Res'v		
Date Spudded	Date Compl. Ready to	o Prod.	Total Depth		P.B.T.D.	<u> </u>		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay					
Perforations			Tubing Depth					
			Depth Casing Shoe					
HOLFORE	TUBING,	CASING AND	CEMENTING RE	CORD				
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACI	SACKS CEMENT		
					•			
V. TEST DATA AND REQUES	T FOR ALLOW	ABLE	L					
OIL WELL (Test must be after recovery of total volume of load oil and must bate First New Oil Run To Tank Date of Test			be equal to or exceed top allowable for this depth or be for full 24 hours.)					
Length of Test	5		Producing Method (Flow, pump, gas lift, etc.)					
	Tubing Pressure		Casing Pressure		Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbis.		Water - Bbis.		Gas- MCF	Gas- MCF		
GAS WELL	 							
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MM	CF	Gravity of Conde	DEALE		
esting Method (pitot, back pr.)	Tubing Pressure (Shui	-in)	Casing Pressure (Shut-in)		Choke Size	Choke Size		
VI. OPERATOR CERTIFICA	ATE OF COLOR	Y Y A A Y C TO						
I nereby certify that the rules and repular	lions of the Oil Conses		OILC	ONSERV	ATION DIV	/ISION		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			Date Approved NOV 1 5 1991					
- Orhann Seaver			Date Approved					
Sharon Beaver	Producti	on Clerk	By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR					
November 4, 1991	Title				Title			
Date Ty 1991		phone No.	FOR RE	CORD	ONLY			
						RAP A A GARA		

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.