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

DISTRICT II P.O. Drawer DD, Anesia, 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

7962

1000 Rio Brazos Rd., Aztec, NM 874	REQUEST FOR ALLOV	VABLE AND AUTHORIZATION	ON		
I	TO TRANSPORT	OIL AND NATURAL GAS			
Operator		T V	Well API No.		
Lewis B. Burleson	a, Inc.		30-025-31058		
Address					
P. O. Box 2479	Midland, Texas				
Reason(s) for Filing (Check proper be		Other (Please explain)			
New Well	Change in Transporter of	(T)			
Change in Operator	Oil Dry Gas	□ To be ef	fective 11/1/91		
<u> </u>	Casinghead Gas 🔀 Condensate				
If change of operator give name and address of previous operator					
II. DESCRIPTION OF WEI	LL AND LEASE				
Lease Name	Well No. Pool Name, In	cluding Formation	(ind of Lease No.		
Curport			State, Federal or Fee		
Location	0		•		
Unit Letter	:/650 Feet From The	e North Line and 330	Feet From The		
2.0	<b>.</b>		reat From the		
Section 22 Tow	nship CO S Range	37-E, NMPM, Laa	Count		
III DECICAL TROLLOR CO	(1)				
Name of Authorized Transporter of O	ANSPORTER OF OIL AND NA	TURAL GAS			
ex Parmian Cou		Address (Give address to which appr			
Name of Authorized Transporter of Ca		P.O. BOY 1183	Houston, TX 770		
Sid Richardson Garbo		Address (Give address to which appr.	oved copy of this form is to be sent) 201 Main Ft Worth, TX		
If well produces oil or liquids,			Vhen?		
give location of tanks.	1 D 22 255 3	18 Uas i	1-25-91		
If this production is commingled with t	hat from any other lease or pool, give come	ningling order number:	, 20 //		
IV. COMPLETION DATA	AT IOM PRO OFFICER OF DOOR BY COMMO	)LINE CO Eff. 3/1/93			
	Oil Well Con Wa		en Plug Back Same Res'v Diff Res		
Designate Type of Completi Date Spudded		1	l l l		
Date Spanier	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)					
Live Cor, Act, KI, CR, Elc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
Perforations					
			Depth Casing Shoe		
	TUBING CASING AL	ND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CENTAIT		
		DEF ITT SET	SACKS CEMENT		
V. TEST DATA AND REQU			<del></del>		
OIL WELL (Test must be after Date First New Oil Run To Tank	er recovery of total volume of load oil and r	muss be equal to or exceed sop allowable for	r this depth or be for full 24 hours.)		
Date First New Oil Kun 10 lank	Date of Test	Producing Method (Flow, pump, gas I	lift, etc.)		
Length of Test	T. Li D				
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Tubing Pressure Oil - Bbls.	Casing Pressure  Water - Bbls.	Choke Size  Gas- MCF		
Actual Prod. During Test					
Actual Prod. During Test GAS WELL	Oil - Bbls.	Water - Bbis.	Gas- MCF		
Actual Prod. During Test GAS WELL					
GAS WELL Actual Prod. Test - MCF/D	Oil - Bbls.  Length of Test	Water - Bbis.  Bbis. Condensate/MMCF	Gas- MCF Gravity of Condensate		
GAS WELL Actual Prod. Test - MCF/D	Oil - Bbls.	Water - Bbis.	Gas- MCF		
GAS WELL Actual Prod. Test - MCF/D  Testing Method (pilot, back pr.)	Oil - Bbls.  Length of Test  Tubing Pressure (Shut-in)	Water - Bbis.  Bbis. Condensate/MMCF	Gas- MCF Gravity of Condensate		
Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test - MCF/D  Festing Method (pitot, back pr.)  VI. OPERATOR CERTIF  I hereby certify that the rules and re-	Oil - Bbls.  Length of Test  Tubing Pressure (Shut-in)  ICATE OF COMPLIANCE	Water - Bbis.  Bbis. Condensate/MMCF  Casing Pressure (Shut-in)	Gas- MCF  Gravity of Condensate  Choke Size		
Actual Prod. During Test  GAS WELL  Actual Prod. Test - MCF/D  Testing Method (pitot, back pr.)  VI. OPERATOR CERTIF  I hereby certify that the rules and re Division have been complied with a	CATE OF COMPLIANCE gulations of the Oil Conservation and that the information given above	Water - Bbis.  Bbis. Condensate/MMCF  Casing Pressure (Shut-in)	Gas-MCF  Gravity of Condensate  Choke Size		
Actual Prod. During Test  GAS WELL  Actual Prod. Test - MCF/D  [esting Method (pitot, back pr.)]  VI. OPERATOR CERTIF	CATE OF COMPLIANCE gulations of the Oil Conservation and that the information given above	Water - Bbls.  Bbls. Condensate/MMCF  Casing Pressure (Shut-in)  OIL CONSER	Gas-MCF  Gravity of Condensate  Choke Size		
GAS WELL  Actual Prod. During Test  GAS WELL  Actual Prod. Test - MCF/D  Testing Method (pitot, back pr.)  VI. OPERATOR CERTIF  I hereby certify that the rules and re Division have been complied with a is true and complete to the best of m	Congressive (Shut-in)  ICATE OF COMPLIANCE gulations of the Oil Conservation and that the information given above my knowledge and belief.	Water - Bbis.  Bbis. Condensate/MMCF  Casing Pressure (Shut-in)	Gas- MCF  Gravity of Condensate  Choke Size		
GAS WELL Actual Prod. During Test  GAS WELL Actual Prod. Test - MCF/D  Testing Method (pitot, back pr.)  VI. OPERATOR CERTIFI  I hereby certify that the rules and re Division have been complied with a is true and complete to the best of m	Congressive (Shut-in)  ICATE OF COMPLIANCE gulations of the Oil Conservation and that the information given above my knowledge and belief.	Water - Bbls.  Bbls. Condensate/MMCF  Casing Pressure (Shut-in)  OIL CONSER  Date Approved	Gas-MCF  Gravity of Condensate  Choke Size  VATION DIVISION  NOV 1 5 1991		
GAS WELL  Actual Prod. During Test  GAS WELL  Actual Prod. Test - MCF/D  Testing Method (pitot, back pr.)  VI. OPERATOR CERTIF  I hereby certify that the rules and re Division have been complied with a is true and complete to the best of m	Coll - Bbls.  Length of Test  Tubing Pressure (Shut-in)  ICATE OF COMPLIANCE gulations of the Oil Conservation and that the information given above my knowledge and belief.	Water - Bbls.  Bbls. Condensate/MMCF  Casing Pressure (Shut-in)  OIL CONSER  Date Approved  By ORIGINAL MODES	Gravity of Condensate Choke Size  VATION DIVISION NOV 1 5 1991		
GAS WELL Actual Prod. During Test  GAS WELL Actual Prod. Test - MCF/D  Setting Method (pitot, back pr.)  VI. OPERATOR CERTIF  I hereby certify that the rules and re Division have been complied with a is true and complete to the best of m  Signature Sharon Beaver	Coll - Bbls.  Length of Test  Tubing Pressure (Shut-in)  ICATE OF COMPLIANCE gulations of the Oil Conservation and that the information given above my knowledge and belief.  Production Clerk	Water - Bbls.  Bbls. Condensate/MMCF  Casing Pressure (Shut-in)  OIL CONSER  Date Approved  By ORIGINAL MODES	Gas-MCF  Gravity of Condensate  Choke Size  VATION DIVISION  NOV 1 5 1991		
GAS WELL Actual Prod. During Test  GAS WELL Actual Prod. Test - MCF/D  Testing Method (pitot, back pr.)  VI. OPERATOR CERTIFI  I hereby certify that the rules and re Division have been complied with a is true and complete to the best of m  Signature Sharon Beaver  Printed Name	Coll - Bbls.  Length of Test  Tubing Pressure (Shut-in)  ICATE OF COMPLIANCE gulations of the Oil Conservation and that the information given above my knowledge and belief.  Production Clerk	Water - Bbls.  Bbls. Condensate/MMCF  Casing Pressure (Shut-in)  OIL CONSER  Date Approved  By	Gravity of Condensate Choke Size  VATION DIVISION NOV 1 5 1991		
GAS WELL Actual Prod. During Test  GAS WELL Actual Prod. Test - MCF/D  Testing Method (pitot, back pr.)  VI. OPERATOR CERTIF  I hereby certify that the rules and re Division have been complied with a is true and complete to the best of m  Signature Sharon Beaver	Coll - Bbls.  Length of Test  Tubing Pressure (Shut-in)  ICATE OF COMPLIANCE gulations of the Oil Conservation and that the information given above my knowledge and belief.	Water - Bbls.  Bbls. Condensate/MMCF  Casing Pressure (Shut-in)  OIL CONSER  Date Approved  By ORIGINAL MODES	Gravity of Condensate Choke Size  VATION DIVISION NOV 1 5 1991  TO BY JERRY SEXTON TOUSERVISOR		

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 with Rule 111.
- 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.

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at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

LAWIS B. Gulos	50n.	Inc					API No. (1) - 23	25-31	058
Address P.D. BOW 2470	m	dor	W T	x 797	100				
Reason(s) for Filing (Check proper box)					et (Please expla	rin)			
New Well  Recompletion	Oil		Fransporter of:  Dry Gas						
Change in Operator	Casinghead	_	Condensate						
If change of operator give name and address of previous operator									
II. DESCRIPTION OF WELL	AND LEA								
Lease Name airport		Well No.	Pool Name, Includ		SR-QN	l _	of Lease Federal or Fe		ease No.
Location Unit Letter	1/0	<b>5</b> 7)	Feet From The A	/ /	e and _ 35			Nasc	
Section 22 Townshi	-: <u>-14</u>		20	1 6		/ 10	et From The	1160	
			Range 57		МРМ,	<u> Luu</u>			County
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	OF OII or Condens			e address to wh	ich approved	copy of this	form is to be si	eni)
Name of Authorized Transporter of Casing	Corp.	).   (\$\frac{1}{2} \)	or Day Coo	P.O. 6	OK 1183	HO	uston	, TX :	17001
Lewis B. Burlason	EREAL CLAS	, <b>X</b>	or Dry Gas	P. Address (Giv	address to wh		copy of this		in) 7970 <b>2</b>
If well produces oil or liquids, give location of tanks.	Unit		Twp. Rge.	Is gas actuall	y connected?	When	? /		
If this production is commingled with that	from any other		955 318	ling order num	403 xr		1-00	5-91	
IV. COMPLETION DATA	<del>.</del>		·		,				
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover 	Deepen	Plug Back	Same Res'v	Dist Resiv
Date Spudded	Date Comp	I. Ready to 1	Prod.	Total Depth	<u> </u>		P.B.T.D.	_L	
Elevations (DF, RKB, RT, GR, etc.)	Name of Pri	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations		· · · · · · · · · · · · · · · · · · ·				Depth Casing Shoe			
								ing Sinoc	
HOLE SIZE			CASING AND	CEMENTI		)	· · · · · · · · · · · · · · · · · · ·		
TIOLE SIZE	CAS	ING & TUE	SING SIZE		DEPTH SET			SACKS CEM	ENT
V. TEST DATA AND REQUES OIL WELL (Test must be after re				ha annal ta an		-11 6 41			
Date First New Oil Run To Tank	Date of Test		load ou and musi		ethod (Flow, pw			for full 24 hou	75.)
Length of Test	Tubing Pres	sure		Casing Pressure			Choke Size		
Actual Prod. During Test	O'I Phi			Water Divi					
, see sum from	Oil - Bois.	Oil - Bbls.		Water - Bbls.			Gas- MCF		
GAS WELL							·		<del></del>
Actual Prod. Test - MCF/D	Length of T	esi		Bbls. Conden	sate/MMCF		Gravity of C	Condensate	
Testing Method (pitot, back pr.)	Tubing Pres	sure (Shut-ii	1)	Casing Pressu	ire (Shut-in)		Choke Size		
VI. OPERATOR CERTIFIC.	ATE OF	COMPL	IANCE				!		
I hereby certify that the rules and regula	ttions of the C	Dil Conserva	tion		DIL CON	SERVA	MOITA	DIVISIC	N
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 APR 20'92							
Sharm Ka	MINO	,			• •				
Signature Pander	Dan	due to	on Clark	By	gan nga Labura	1,01 - 2 - 1,	· · · · · · · · · · · · · · · · · · ·		[ON
Printed Name	10	7	ille	Title		~		SVSOR	
Date 16 11992	(415)	683 - Teleph	HIM!						

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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

I.	REQUEST FOR	R ALLOWAI						
Operator		W			Well API No. 30-025-31058			
Lewis B. Burleson						N - 000		
P. O. Box 2479  Reason(s) for Filing (Check proper box	Midland,	Texas 797		er (Please expla	in)	<del></del>		
New Well		ransporter of:		ci (i ieme expa				
Recompletion	Oil 🔲 D	ry Gas 🔲		To l	e effe	ctive 11	/1/91	
Change in Operator	Cazinghead Gas 🔀 C	Condensate						
If change of operator give name and address of previous operator								
II. DESCRIPTION OF WEL				<del></del>	1 021 1		· -	
Lease Name Oirport	Well No.	bol Name, Includ		SQ-QN-		of Lease Federal or <u>Fee</u>		ase No.
Location Unit Letter	: //a50 F	eed From The		_	20	et From The	Wasi	<u> </u>
Section 22 Town	aship 25-5 R	tange 37	7-E, NI	мрм,	aa			County
III. DESIGNATION OF TRA	ANSPORTER OF OIL	AND NATU	RAL GAS					
Name of Authorized Transporter of Oil  Corp.  Corp.	or Condensat		Address (Giv			copy of this for		
Name of Authorized Transporter of Ca		r Dry Gas		OK 118		copy of this form is to be sent)  1 Main Ft Worth, TX 7		
Sid Richardson Carbo	-		1st Cit	v Bank To	ower 20	l Main Ft	Worth,	TX 7
If well produces oil or liquids, give location of tanks.			Is gas actuall	<u> </u>	When		01	<del></del>
If this production is commingled with the	hat from any other lease or no				1	1 00	7/	
IV. COMPLETION DATA		<del></del>	<del></del>					
Designate Type of Completic	on - (X)	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'
Date Spudded	Date Compl. Ready to P	rod	Total Depth			P.B.T.D.		<u></u>
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Form	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
Perforations			<u>L</u>			Depth Casing	Shoe	
	TUBING, C	ASING AND	CEMENTI	NG RECOR	D	<u> </u>		
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
***								
			<u> </u>		•			
V. TEST DATA AND REQU	EST FOR ALLOWAF	BLE				<u> </u>	····	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test	load oil and mus		exceed top allo			full 24 how	s.)
			Froducing ivid	uiod (riow, pib	τφ, gas tyt, e			
Length of Test	Tubing Pressure		Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.		Water - Bbis.		Gas- MCF		
GAS WELL			1		······································	-l	·	<del></del>
Actual Prod. Test - MCF/D	Length of Test		Bbls. Conden	BIE/MMCF		Gravity of Con	idensale	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size		·
VI. OPERATOR CERTIF					<u> </u>	<u> </u>		
I hereby certify that the rules and re Division have been complied with a	gulations of the Oil Conservat	tion .		JIL CON		ATION D		N
is true and complete to the best of n	ny knowledge and belief.	#DOVE	Date	Approved	<u>1                                    </u>	IUV 15	1991	
Signature	Drawn	- 011	By ORIGINAL NGMED BY JERRY SEXTON			EXTON		
Sharon Beaver Printed Name	Production		Title	Di	STRICT	UPERVISOR		
November 4, 1991	(915)~683 Teleph	-2422 one No.	Hille.	<del></del>				
			11					

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