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

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, Artesia, NM 88210

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>Lewis B. Burleson, Inc.</b>		Well API No. <b>30-025-31058</b>
Address <b>P. O. Box 2479 Midland, Texas 79702</b>		CASINGHEAD GAS MUST NOT BE CLEARED AFTER <b>3-27-91</b> UNLESS AN EXCEPTION TO R-4076 IS OBTAINED.
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) _____ Recompletion <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator _____		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Airport</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Langlie Mattix-SR-QN-GB</b>	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <b>E</b> : <b>1650</b> Feet From The <b>North</b> Line and <b>330</b> Feet From The <b>West</b> Line Section <b>22</b> Township <b>25-S</b> Range <b>37-E</b> , <b>NMPM</b> , <b>Lea</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Permian</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1183 Houston, Texas 77001</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>El Paso Natural Gas</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1492 El Paso, Texas 79978</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>D</b>	Sec. <b>22</b>	Twp. <b>25-S</b>	Rge. <b>37-E</b>	Is gas actually connected? <b>yes</b>	When? <b>1-25-91</b>

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <b>1/7/91</b>	Date Compl. Ready to Prod. <b>1/25/91</b>		Total Depth <b>3503'</b>		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) <b>3085' GR</b>	Name of Producing Formation <b>7R and Queen</b>		Top Oil/Gas Pay <b>3285'</b>		Tubing Depth <b>3503'</b>			
Perforations <b>3285-3350 14 shots</b>					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	<b>8-5/8"</b>	<b>407</b>	<b>290 SX</b>
	<b>5-1/2"</b>	<b>3503</b>	<b>955 SX</b>
	<b>2-3/8"</b>	<b>3503</b>	

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

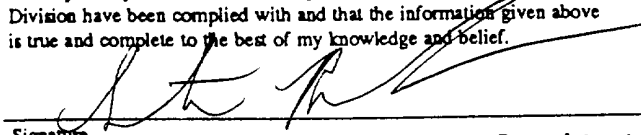
Date First New Oil Run To Tank <b>1/27/91</b>	Date of Test <b>1/27/91</b>	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test <b>24 hours</b>	Tubing Pressure	Casing Pressure <b>35#</b>	Choke Size
Actual Prod. During Test	Oil - Bbls. <b>43</b>	Water - Bbls. <b>5</b>	Gas - MCF <b>32</b>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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 best of my knowledge and belief.

Signature   
**Steven Burleson** Vice-President  
Printed Name Title  
Date **1/28/91** Telephone No. **915/638-4747**

OIL CONSERVATION DIVISION

Date Approved \_\_\_\_\_  
By **ORIGINAL SIGNED BY JERRY SEXTON**  
**DISTRICT SUPERVISOR**  
Title \_\_\_\_\_

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.

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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P.O. Drawer DD, Artesia, NM 88210

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

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-31058
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Lease Name or Unit Agreement Name  Airport
2. Name of Operator Lewis B. Burleson, Inc.	8. Well No. 1
3. Address of Operator P. O. Box 2479 Midland, Texas 79702	9. Pool name or Wildcat Lanllie Mattix-SK-Qn-GB
4. Well Location Unit Letter <u>E</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u> Line Section <u>22</u> Township <u>25-S</u> Range <u>37-E</u> NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>
	OTHER: <input type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1/8/91

Ran 11 joints 8-5/8" 24" casing. Set at 407' Cemented with 250 sx. Class C 2% cal. chloride. Circ. 40 sx.

1/12/91

Ran 92 joints 5-1/2" 15.5# casing to 3503' Cemented w/675 sx Halliburton Lite Premium 15# salt per sx and 1/4# flo cel per sx. plus 200 sx Class C 50/50 poz plus 4/10% allied nine and 5# salt. Circulated 80 sx.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Sharon Beaver

TITLE

Production Clerk

DATE

1/31/91

915/ 683-4747

TYPE OR PRINT NAME

Sharon Beaver

TELEPHONE NO.

(This space for State Use)

FEB 04 1991

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: