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

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. Drawer DD, Artesia, NM 88210	Ċ.		OX 2088	•				
DISTRICT III	Sar	nta re, New M	lexico 87504-2088					
1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FO	OR ALLOWA	BLE AND AUTHOR	IZATION				
I.	TO TRA	NSPORT O	L AND NATURAL G					
Operator LEWIS B. BURL	LEWIS B. BURLESON, INC.				API No.			
Address			70700	·			<u> </u>	
P. O. BOX 247 Reason(s) for Filing (Check proper box)	9 M1	dland, Te		 				
New Well	Change in	Transporter of:	Other (Please exp	olain)				
Recompletion	——————————————————————————————————————	Dry Gas	To B	e Effec	tive 4/1,	/90		
Change in Operator		Condensate	, , -					
If change of operator give name and address of previous operator			***************************************					
•	4375							
II. DESCRIPTION OF WELL Least Hame		Pool Name Tooled	in Francis					
HARRISON	Well No.	Pool Name, Includ	T-Y-SR		of Lease Federal or Fee	Le	ase No.	
Location		OILPINI-	1101					
Unit Letter	_:_660	Feet From The	OUTH Line and	60 F		JEST	-	
2	210		COLLEGE CIDE SEC	1 F	et From The	2E21	Line	
Section A Townshi	· 44-2	Range 5	6-E, NMPM,	LEA			County	
III. DESIGNATION OF TRAN	JSPODTED OF OT	T A KITS KI A TITY	DIT CIG		-			
Name of Authorized Transporter of Oil	or Copplens	ate	Address (Give address to v	vkich approved	comu of this for	·- · · · ·		
SUN KEFINING + MAR	PRETING (A		1415 E. HUN RA	HIDLAN			7288	
Name of Authorized Transporter of Casing	ghead Gas	or Dry Gas	Address (Give address to w	vhich approved		is to be set	1 VO 0	
Sid Richardson Carbon If well produces oil or liquids,	<u>& Gasoline Co</u>		<u>lst Qity Bank T</u>	l Main Ft. Worth, TX 761				
give location of tanks.	Upi Son	Twp. Rge.	is gas actually connected?	When				
If this production is commingled with that	from any other lease or n		IES				~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
IV. COMPLETION DATA	ту одни наде от р	con, give continuing	ung order number:					
Designate Time of Completion	Oil Well	Gas Well	New Well Workover	Deepen	Plug Back Sam	e Rec'y	Diff Res'v	
Designate Type of Completion Date Spudded		_L	<u>i</u> i	i	110g Date (32)	ie Kes v		
Date Special	Date Compl. Ready to	Prod.	Total Depth		P.B.T.D.		<u> </u>	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		matica	Top Oil/Gas Pay					
		······································			Tubing Depth			
Perforations					Depth Casing Shoe			
						~		
11015 0176	TUBING, CASING AND			CEMENTING RECORD				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	<u> </u>			· · · · · · · · · · · · · · · · · · ·		·	·	
V. TEST DATA AND REQUES OIL WELL Test must be offer to	T FOR ALLOWA	BLE	<u> </u>		I			
Date First New Oil Run To Tank	Date of Test	load oil and must	be equal to or exceed top all	owable for this	depth or be for ful	ll 24 hours	1.)	
The state of the s	Date of 1ex		Producing Method (Flow, p.	ump, gas lift, ei	c.)			
Length of Test	Tubing Pressure		Casing Pressure		Choke Size			
			- San		Choke Size			
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.		Gas- MCF			
GAS WELL								
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate			
esting Method (pitot, back pr.)	rck pr.) Tubing Pressure (Shut-in)							
the second (plant, that pr.)	ruoting Pressure (Shut-in	1)	Casing Pressure (Shut-in)		Choke Size			
VI. OPERATOR CERTIFICA	ATE OF COLOR	TANCE						
I hereby certify that the rules and regula	tions of the Oil Communi	•! • -	OII CON	ISEB\/A	TION DIV	//СІСІ	k 1	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above			OIL CONSERVATION DIVISION APR 1 7 1998					
is true and complete to the best of my ki	nowledge and belief.		Data Annes:	<u>ط</u>	HLK T	ा ।	プ ロ:	
Manna K.			Date Approve	u				
Signature Deaver			By			PEVTARI	1	
Sharon Beaver Production Clerk			ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR Title					
Printed Name Title								
March 27, 1990 9 Date	15/ 683-4747	No	FILIT	en ganga kan				
	I cicbly	one No.	t					

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.
- 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.