

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Lewis B. Burleson, Inc.		Well API No. 30-025-25825
Address P. O. Box 2479 Midland, Texas 79702		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Last previous C-104 erroneously Change in Operator <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/> named Sid Richardson Carbon & Gasoline If change of operator give name and address of previous operator Co. as Transporter		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Harrison	Well No. 2	Pool Name, Including Formation Jalmat-T-yates-SR	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West Line Section 25 Township 24S Range 36E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Sun Refining & Marketing Co.	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 2415 E. Hwy. 80 Midland, TX 79701-9288	
Name of Authorized Transporter of Casinghead Gas El Paso Natural Gas Company	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492 El Paso, Texas 79978	
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 25	Twps. 24
		Rge. 36	Is gas actually connected? yes

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	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			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	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
Testing Method (prior, 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 Sharon Beaver	Production Clerk
Printed Name Sharon Beaver	Title
Date August 7, 1990	Telephone No. 915/683-4747

OIL CONSERVATION DIVISION

Date Approved **8-1-90**

By **ORIGINAL SIGNATURE**

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.