	·		
Submit 5 Copies		of New Mexico	Form C-104
Appropriate District Office <u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240	Energy, Minerals and	Natural Resources Department	Revised 1-1-89 See Instructions
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	P.C	VATION DIVISION D. Box 2088	at Bottom of Pag
DISTRICT III 000 Rio Brazos Rd., Aztec, NM 87410	ł	w Mexico 87504-2088	
Derator	REQUEST FOR ALLOW TO TRANSPORT	VABLE AND AUTHORIZATI	ON
LEWIS B. BURL	ESON, INC.		Well API No. 3D-D25-25825
ddress			30-025-25825
P. O. BOX 247 eason(s) for Filing (Check proper box)	79 Midland,	Texas 79702 Other (Please explain)	
lew Well	Change in Transporter of: Oil Dry Gas		
change of operator change of operator give name	Casinghead Gas X Condensate		fective 4/1/90
address of previous operator			
. DESCRIPTION OF WELL			
HARRISON	Well No. Pool Name, ID 2 VALMA		Kind of Lease Lease No. State, Federal or Fee
Location N	640	e in	
Unit Letter $\underline{\mathbf{N}}$	_ : Feet From The	SOUTH Line and 1980	_ Feet From TheL
Section LD Townsh	ip 24-5 Range 3	6-E, NMPM, LEA	County
I. DESIGNATION OF TRAN	SPORTER OF OIL AND NA	TURAL CAS	County
	X of youdensate	Address (Give address to which appr	oved copy of this form is to be sent)
ime of Authorized Transporter of Casin	ghead Gas S or Dry Gas	- AUSENHWY. NO FUDI	AND 1170701,0000
id Richardson Carbon well produces oil or liquids.	<u>& Gasoline Co.</u>	Address (Give address to which appr 1st City Bank Tower	oved copy of this form is to be sent) 201 Main Ft. Worth, TX 7
e location of tanks.		y connected?	When ?
his production is commingled with that . COMPLETION DATA	from any other lease or pool, give comm	ingling order number.	
	Oil Well Gas Well	New Well Workover Deep	
Designate Type of Completion	- (X) Date Compl. Ready to Prod.		en Plug Back Same Res'v Diff Res'v
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
vations (DF, RKB, RT, GR, elc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
forations			
			Depth Casing Shoe
HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD	
		DEPTH SET	SACKS CEMENT
TEST DATA AND REQUES		· · · · · · · · · · · · · · · · · · ·	
WELL (Test must be after re	I FUR ALLOWABLE	usi be equal to or exceed top allowable for	
e First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas li	this depth or be for full 24 hours.) ft. etc.)
gth of Teg	Tubing Pressure	Casing Pressure	
Lal Prod. During Test		Cashing Pressure	Choke Size
	Oil - Bbls.	Water - Bbls.	Gas- MCF
SWELL			
ul Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
ng Method (pilol, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	
	-		Choke Size
OPERATOR CERTIFICA hereby certify that the rules and regulativition have been compliant with			
ivision have been complied with and th true and pomplete to the best of my kn		ULCONSER	ATION DIVISION
	owledge and belief.	Date Approved	APR 1 7 1990
AL. K			
Sharon Lea	urs		
Aharon Sea haron Beaver		By	
gnature haron Beaver	Production Clerk	ORIGINAL SIGNE	D BY JERRY SEXTON SUPERVISOR
gnature haron Beaver inited Name	Production Clerk	ORIGINAL SIGNE	

Request for allowable for newly arrived or deepened went must be accompanies by usersate by usersate