DISTRIBUTION SANTA FE		CONSERVATION COMME IN T FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11
U.S.G.S.		AND	Effective 1-1-65
LAND OFFICE	AUTHORIZATION TO TH	RANSPORT OIL AND NATURAL	GAS
TRANSPORTER OIL GAS			
OPERATOR			
PRORATION OFFICE			
Lewis B. Burl	eson Inc		
Address	land, TX 79702		
Reason(s) for filing (Check proper bo		Other (Please explain)	
New Vell	Change in Transporter of:	oner () lease explain)	
Recompletion	Oil Dry C	Gas	
Change in Ownership	Casinahead Gas Cond	er.sate	
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including		
Huff	1 Langlie-Mat		e Leose No.
Location			
Unit Letter	0 Feet From TheL	ine and Feet From 7	The east
Line of Section 9 To	ownship 24S Range	37Е , _{NMPM} , Lea	County
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	AS	
Name of Authorized Transporter of Os The Permian Corporati		Address (Give address to which approx	ved copy of this form is to be sent)
Name of Authorized Transporter of Ca	singhead Gas X or Dry Gas	Box 1183, Houston, TX Address (Give address to which approx	
El Paso Natural Gas		Box 1492, El Paso, TX 79	9978
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pge. G 9 24 37	is gas actually connected? Whe YES	
If this production is commingled w. COMPLETION DATA	th that from any other lease or pool,	, give commingling order number:	
Designate Type of Completi	on - (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
HOLE SIZE	TUBING, CASING, AN CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT
· · · · · · · · · · · · · · · · · · ·			
TEST DATA AND REQUEST F		l ifter recovery of social volume of load oil a	nd must be equal to or exceed top allow-
OIL WELL Date First New Oil Run To Tanks	Date of Test	epth or be for full 24 hours) Producing Method (Flow, pump, gas lift	
Length of Test	Tubing Pressure	Casing Freesure	Choke Size
<u> </u>			
Actual Prod. During Test	Oil-Bbls.	Water-Bble.	Gas - MCF
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/VA4CF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Fressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLIANO	CE		TION COMMISSION
	egulations of the Oil Conservation	APPROVED FEB 5	<u>1981</u> , 19
ommission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.		BYOrig. Signed Dy	
		Jerry Secton TITLE Dist 1. Supe.	
Ja B Bin			
tajd the	~	This form is to be filed in co If this is a request for allows	mpliance with RULE 1104. ble for a newly drilled or deepened
President (Title)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow- able on new and recompleted wells.	
<i>(D</i> .c.	-		he filed for each most in mitting a