

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED

Form C-104
Revised 10-01-78
Format 08-01-83
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JUL 15 '88

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA OFFICE

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I. Operator
Lanexco, Inc. ✓

Address
P.O. Box 1206 Jal, N.M. 88252

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)
Recomplete as a dual producer
No change in Wolfcamp

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cerro Com	Well No. 1	Pool Name, including Formation Cass Draw Wolfcamp	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>E</u> : <u>2080</u> Feet From The <u>NORTH</u> Line and <u>760</u> Feet From The <u>WEST</u> Line of Section <u>11</u> Township <u>23-S</u> Range <u>27-E</u> , NMPM, <u>Eddy</u> Count.				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159 Artesia N.M. 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	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 : <u>E</u> Sec. : <u>11</u> Twp. : <u>23-S</u> Rge. : <u>27-E</u> Is gas actually connected? <u>Yes</u> When <u>4-6-78</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Mike Copeland Mike Copeland
(Signature)
Production Supt.
(Title)
July 12, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 22 1988, 19 _____
BY Original Signed By
Mike Williams
TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiphase completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res
	XX							XX
Date Spudded 8-20-78	Date Compl. Ready to Prod. 12-21-78	Total Depth 12,401'				P.B.T.D. 10,150'		
Elevations (DF, RKB, RT, GR, etc.) 3092.4' GL	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 9765				Tubing Depth 9685		
Perforations 9765-9817						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	374'	400
12 1/4"	10 3/4"	5660'	1730
9 1/2"	7 5/8" Liner	5321' to 11,720'	1385
6 1/2"	5" Liner	11,362' to 12,401'	150

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top all able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 2-15-80	Date of Test 6-1-88	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 410	Casing Pressure	Choke Size 42/64
Actual Prod. During Test 9	Oil - Bbls. 4	Water - Bbls. 5	Gas - MCF 55

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