

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form
Revised 1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I. Operator LBO NEW MEXICO INC. Well API No. 30-025-30720

Address 410 BIRCH ST. SUITE 130 NEWPORT BEACH, CALIF. 92660

Reason(s) for Filing (Check proper box) Other (Please explain) CASINGHEAD GAS MUST NOT BE
New Well Change in Transporter of: FLARED AFTER 1-25-90
Recompletion Oil Dry Gas UNLESS AN EXCEPTION TO R-4070
Change in Operator Casinghead Gas Condensate IS OBTAINED.

If change of operator give name and address of previous operator _____ THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE
Lease Name LIA Well No. 1 Pool Name, Including Formation Nadene DRINKARD LABO Kind of Lease State, Federal of Fee Lease No. _____

Location
Unit Letter L : 1980 Feet From The SOUTH Line and 990 Feet From The WEST Line
26 Section Township 19S Range 38E , NMPM. LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) KOCH P.O. BOX 1558 BREWBRIDGE, TX.

Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) WARREN P.O. BOX 1589 TULSA, OK. 74102

If well produces oil or liquids, give location of tanks. | Unit L | Sec. 26 | Twp. 19S | Rge. 38E | Is gas actually connected? NO | When? 11-30-89

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
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Spudded <u>10-27-89</u>	Date Compl. Ready to Prod. <u>11-26-89</u>	Total Depth <u>7770'</u>		P.B.T.D. _____				
Elevations (DF, RKB, RT, GR, etc.) <u>3612.5 KB</u>	Name of Producing Formation <u>ABO</u>	Top Oil/Gas Pay <u>7210</u>		Tubing Depth <u>7190</u>				
Perforations <u>7210 - 7665 (76 HOLES)</u>		Depth Casing Shoe <u>7757</u>			CIRCUMFERED			

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4</u>	<u>8 5/8"</u>	<u>1568</u>	<u>690 SX CLASS "C" 7A1L 7905X</u>
<u>7 1/8</u>	<u>5 1/2"</u>	<u>7770</u>	<u>3205X LEND "C", 7A1L 2505X "C"</u>
<u>2 3/8"</u>	<u>2 3/8"</u>	<u>7990</u>	<u>DV TOOL @ 4604</u>
			<u>1685 SX LEND, 1505X "C"</u>

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 <u>11-25-89</u>	Date of Test <u>11-25-89</u>	Producing Method (Flow, pump, gas lift, etc.) <u>FLOWING</u>	
Length of Test <u>24 HRS</u>	Tubing Pressure <u>0-180 #</u>	Casing Pressure <u>0</u>	Choke Size <u>32/64</u>
Actual Prod. During Test	Oil - Bbls. <u>126</u>	Water - Bbls. <u>350</u>	Gas - MCF <u>550 MCF</u>

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puot, 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.
Donald A. Turner
Signature
DONALD A. TURNER 60008 ST
Printed Name Title
11-27-89 392-2963
Date Telephone No.

OIL CONSERVATION DIVISION
NOV 28 1989
Date Approved _____
By ORIGINAL SIGNED BY JERRY SEXTON
District I Supervisor
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.
Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

NOV 27 1989

BRANDenburg