

**OIL CONSERVATION DIVIS. N**  
 P.O. Box 2088  
 Santa Fe, New Mexico 87504-2088

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

**I.**

Operator <b>Lanexco, Inc.</b>	Well APN No. <b>30-025-27879</b>
Address <b>P.O. Box 1206 Jal NM 88252</b>	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) Last previous C-104 erroneously named Sid Richardson Carbon & Gasoline Co. as Transporter	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Change in Operator <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Change in Operator <input type="checkbox"/>

If change of operator give name and address of previous operator \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Lansford</b>	Well No. <b>6</b>	Pool Name, including Formation <b>Penrose Skelly GB</b>	Kind of Lease State, Federal or <input checked="" type="radio"/> Pool	Lease No.
Location Unit Letter <b>P</b> ; <b>660</b> Feet From The <b>S</b> Line and <b>990</b> Feet From The <b>E</b> Line Section <b>21</b> Township <b>21S</b> Range <b>37E</b> <b>NMDL</b> Lea County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Navajo Refining Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Drawer 159 Artesia NM 88210</b>
Name of Authorized Transporter of Compressed Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>El Paso Natural Gas Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1492 El Paso, TX 79978</b>
If well produces oil or liquids, give location of tanks. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Is gas actually compressed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Unit <b>P</b> Sec. <b>21</b> Twp. <b>21S</b> Rgn. <b>37E</b>	When <b>9-2-82</b>

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.					
Stevens (DP, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Performance	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.)

Days Full 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/MCF	Gravity of Condensate
Casing Method (plug, back pr.)	Tubing Pressure (lb/in.²)	Casing Pressure (lb/in.²)	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.

*Mike Copeland*  
 Signature **Mike Copeland** Title **Production Supt.**  
 Printed Name **7-17-90** Telephone No. **505-395-3056**  
 Date \_\_\_\_\_ Telephone No. \_\_\_\_\_

**OIL CONSERVATION DIVISION**

Date Approved **AUG 22 1990**

By **Paul** Title **Geologist**

**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.