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ropriate District Office
RICT I
Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

RICT II
Drawer DD, Artesia, NM 88210

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

RICT III
0 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

erator Bruce A. Wilbanks Co.	Well API No.
ress P.O. Box 763 Midland, TX 79702	
son(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/>
ompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
ange in Operator <input checked="" type="checkbox"/>	<i>effective 4-1-90</i>
ange of operator give name address of previous operator Lanexco, Inc. P.O. Box 1206 Jal, NM 88252	

DESCRIPTION OF WELL AND LEASE

use Name arnsworth "B" Federal	Well No. 2	Pool Name, including Formation Scarborough Yates 7 Rivers	Kind of Lease State, Federal or Fee	Lease No. LC-030180-B
ation Unit Letter E : 1980 Feet From The N Line and 660 Feet From The W Line Section 7 Township 26-S Range 37-E, NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

ne of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipe Line Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910 Midland, TX 79702					
ne of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492 El Paso, TX 79978					
Well produces oil or liquids, location of tanks.	Unit M	Sec. 7	Twp. 26S	Rge. 37E	Is gas actually connected? Yes	When? 1937

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
ations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
ations					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

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.)			
First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
th of Test	Tubing Pressure	Casing Pressure	Choke Size
al Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

S WELL

al Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
g Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

OPERATOR CERTIFICATE OF COMPLIANCE

hereby certify that the rules and regulations of the Oil Conservation
Division have been complied with and that the information given above
true and complete to the best of my knowledge and belief.

Bruce A. Wilbanks
Signature
Bruce A. Wilbanks Operator
Printed Name
4-3-90 915 682 7582
Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 5 1990
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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.