

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

59619
 Lanexco - operated
 Owner is EPPC
 a division of Marathon

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

I. Operator
 Lanexco, Inc. Well APN No. 30-025-11868
Address
 P.O. Box 1206 Jal NM 88252
Reason(s) for Filing (Check proper box)
 New Well Change in Transporter of: Other (Please explain)
 Recompletion Oil Dry Gas
 Change in Operator Commingled Gas Condensate
 If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE
 Lease Name: El Paso Tom Federal Well No.: 6 Pool Name, including Formation: Jalmat T-Y-SR Gas Kind of Lease: State, Federal or Fee Lease No.: 054667
 Location: Unit Letter: J ; 1650 Feet From The S Line and 1650 Feet From The E Line
 Section: 33 Township: 25S Range: 37E NMDL 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) _____
 Name of Authorized Transporter of Commingled Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) 201 Main ST, Fort Worth, TX 76102
 If well produces oil or liquids, give location of tanks: Unit: J Sec: 33 Top: 25S Range: 37E Is gas actually commingled? Yes _____ When? _____
 If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA SID RICHARDSON GASOLINE CO. - Eff. 3/1/90
 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. _____
 Strata (DF, BKB, RT, GR, etc.) _____ Name of Producing Formation _____ Top Oil/Gas Pay _____ Tubing Depth _____
 Perforations _____ Depth Casing Shoes _____

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	BACKS 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.)
 Date From New Oil Run To Test _____ Date of Test _____ Producing Method (Flow, pump, gas lift, etc.) _____
 Length of Test _____ Tubing Pressure _____ Casing Pressure _____ Choke Size _____
 Total Prod. During Test _____ Oil - bbls. _____ Water - bbls. _____ Gas - MCF _____

GAS WELL
 Initial Prod. Test - MCF/D _____ Length of Test _____ Bbls. Condensate/MCF _____ Gravity of Condensate _____
 Testing Method (flow, back pr.) _____ Tubing Pressure (lb/in) _____ Casing Pressure (lb/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.
 Signature: Mike Copeland Production Supt.
 Printed Name: Mike Copeland Title: 505-395-3056
 Date: 11-4-91 Telephone No. _____

OIL CONSERVATION DIVISION
 Date Approved: NOV 07 1991
 By: Paul Kautz, Geologist
 Title: _____
FOR RECORD ONLY Add 301003

- 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.

RECEIVED

APR 26 1993

OGD HOBBS OFFICE