

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II
 P.O. Denver DD, Aztec, NM 88210

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

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

I.

Operator Lanexco, Inc.	Well APN No. 30-025-28086
Address P.O. Box 1206 Jal NM 88252	
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: Accomplished <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Compressed Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Oney	Well No. 1	Pool Name, including Formation Eumont Gas	Kind of Lease State, Federal or Fee	Lease No. B-2330
Location Unit Letter D : 660 Feet From The N Line and 660 Feet From The W Line Section 9 Township 19S Range 37E N.M.P.M. Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Compressed Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	P.O. Box 1492 El Paso, TX 79978
If well produces oil or liquids, give location of tanks.	Unit D Sec. 9 Twp. 19S Rgn. 37E Is gas currently connected? Yes Well # 2-84
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	Some Res'v	Full Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Particulars						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.)

Date From New Oil Run To Test	Date of Test	Producing Method (Flow, pump, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Coke 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)	Coke 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** Production Supt.
 Printed Name
 Date **5-17-90** Telephone No. **505-395-3056**

OIL CONSERVATION DIVISION

Date Approved **AUG 27 1990**
 By **Paul ...** Geologist
 Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- 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.