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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I		<u>TO TRA</u>	NSP	ORT OIL	AND NATURA	L GAS					
Operator LBO NEW MEXICO, INC. Well 30-								PI No. 025-31004			
Address 3101 Birch Stree	et #1	30. Ne	ogwe	ort Bea	ich, CA S	92660)				
Reason(s) for Filing (Check proper box)					Other (Plea	se explai	1)				
New Well		Change in	Transp	orter of:		•					
ecompletion Oil Dry Gas											
Change in Operator		nd Gas	-								
If change of operator give name	B										
and address of previous operator _N/A						-				 	
II. DESCRIPTION OF WELL A	ND LE										
Lease Name ALYSSA	Well No. Pool Name, Including 1 NADINE D				ng Formation ORINKARD/ABO Kind o State, I			Lease No.		ase No.	
Location H	66	Λ :			_ደ ል ፍጥ	1980			NORT	н	
Unit Letter	: 660 Feet From The EAST Line and 1980 Feet From The NORTH L									Line	
27 m 19S 38E LEA										_	
Section Township			Range		, NMPM,					County	
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil	SPORTE	OF OF OI or Conden		NATU		ss to whi	ch approved	copy of this f	orm is to be se	nt)	
Name of Authorized Transporter of Oil XX or Condensate Address (Give address to which approved copy of this form is to be sent) P. O. BOX 702068, TULSA, OK											
										m()	
WARREN PETROLEUM	head Gas XX or Dry Gas				P. O. BOX	9. TUI	SA OK 74102				
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	 		When ?				
give location of tanks.	H	27		S 38E	YES	~		0-21-9	0		
If this production is commingled with that for		L			ing order number		NO.				
IV. COMPLETION DATA	ioni any oc	nei lease oi	pool, gi	IAC COMMUNICA	ing older number.						
IV. COMPLETION DATA		Oil Well		Gas Well	New Well Work		Deser	Diug Dagk	Same Res'v	Diff Res'v	
Designate Type of Completion -	(X)	I XX		Gas Well	New Well Work	over j	Deepen	Plug Back	Patric Mes A	Dill Kesv	
Date Spudded 9-19-90	Date Compl. Ready to Prod. 10-19-90				Total Depth 7750'			P.B.T.D. 7708'			
					Top Oil/Gas Pay						
Elevations (DF, RKB, RT, GR, etc.) 3604.3 GR	Name of Producing Formation ABO				7202'			Tubing Depth 7100'			
Perforations 7202.03.04.06.53.61.62.69.84.96.99. 7315.20.32. Depth Casing Shoe											
56,74,89, 7428,55,65,79, 751:	2 , 13 , 14	,36,48,49	9,58,	92 , 7 639,	32,36,39,41,59,	,60				1	
		TURING	CAS	ING AND	CEMENTING R	FCORT)	<i>!</i>			
, HOLE SIZE								SACKS CEMENT			
-12-1/4 TEL SIZE	CASING & TUBING SIZE				DEPTH SET				812		
2 2 / 0 !!	5-1/2"				7750'			575			
7-7/8"								-5/5			
117								 			
V. TEST DATA AND REQUES	TFOR	ALLOW	ARL.F	7,	1			.1			
					be equal to or exceed	top allo	wable for thi	s depth or be	for full 24 hou	ors.)	
Date First New Oil Run To Tank	Date of T		-y		Producing Method (<u></u>		
	1				FLOWING	1.0	·				
10-19-90 Length of Test	10-24-90 Tubing Pressure				Casing Pressure		Choke Size				
		5 0						27/64tl	ns		
24 HRS Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
Actual Floor During Test	311			116			859				
GAS WELL											
Actual Prod. Test - MCF/D	I south o	f Tast			Dhis Condensate/M	MCE		Gravity of	Condensate		
Actual Prod. Test - MCP/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
	Tubing Procesure (Chut.in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			CATONE BILL			
THE OPEN APON CENTERS	ATTE	E COL E	DT T A	NCE	1						
VI. OPERATOR CERTIFIC		CON	SFRV	MOITA	DIVISIO	NC					
I hereby certify that the rules and regul		0011	OL. 114	, (11011	511.0.0	511					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.								hajiba sa	8 3000	1	
is true and comprese to the best of my knowledge and bence.					Date Approved						
1110		Orig. Signed to									
UUS					Ву	,C	Paul K	au tz			
Signature DEATH DESCRIPTION							Geolog	ist			
RAYMOND A. DIAZ PRESIDENT Printed Name Title					T'AL-	By Paul Kautz Geologist					
10-22-90	Title										
Date		714-2 Tel	ephone								
			-							•	

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.

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