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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 II
P.O. Drawer DD, Artesia, NM 88210

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

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

I.

Operator LBO New Mexico, Inc.	Well API No. 30-025-30656
Address 4101 Birch Street Suite 130 Newport Beach, CA 92660	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Other (Please explain) <i>show gas connection</i>	
Change in Transporter of: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Tara	Well No. 1	Pool Name, Including Formation Nadine Drinkard/ABO	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>West</u> Line Section <u>26</u> Township <u>19S</u> Range <u>38E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Koch for Amoco	<input checked="" type="checkbox"/> Oil or <input type="checkbox"/> Condensate	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1558 Breckenridge, TX				
Name of Authorized Transporter of Casinghead Gas Warren Petroleum	<input checked="" type="checkbox"/> Oil or <input type="checkbox"/> Dry Gas	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589 Tulsa, OK 74102				
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 26	Twp. 19S	Rge. 38E	Is gas actually connected? Yes	When? 11-20-89

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod. 11-04-89		Total Depth 7913		P.B.T.D. 7850			
Elevations (DF, RKB, RT, GR, etc.) 3624.4 KB	Name of Producing Formation ABO		Top Oil/Gas Pay 7229		Tubing Depth 7708			
Perforations 7229 - 7721 (72 Holes)				Depth Casing Shoe				

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	1585'	To Surface
7-7/8"	5-1/2"	7913'	Circulated

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 First New Oil Run To Tank 11-04-89	Date of Test 11-04-89	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 Hours	Tubing Pressure 150 - 320#	Casing Pressure 0	Choke Size 3/4"
Actual Prod. During Test	Oil - Bbls. 528	Water - Bbls. 390	Gas - MCF 2,550

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-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 *Raymond A. Diaz*
Raymond A. Diaz President
Printed Name
11-21-89 Date (714) 261-8181 Telephone No.

OIL CONSERVATION DIVISION
NOV 27 1989

Date Approved _____

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.