

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
Format 06-01-83  
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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROMOTION OFFICE			

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
LANEXCO, INC.

Address  
P.O. BOX 1206 Jal, NM 88252

Reason(s) for filing (Check proper box)  
 New Well  
 Recompletion  
 Change in Ownership  
 Change in Transporter of:  
 Oil  
 Casinghead Gas  
 Dry Gas  
 Condensate  
 Other (Please explain) Change of Operator Formerly operated by John Yuronka

If change of ownership give name and address of previous owner John Yuronka

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Harrison</u>	Well No. <u>3</u>	Pool Name, including Formation <u>Langlie Mattix, Queen</u>	Kind of Lease State, Federal or Fee <u>FEE</u>	Lease No.
Location Unit Letter <u>L</u> ; <u>1650</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>West</u> Line of Section <u>29</u> Township <u>24S</u> Range <u>37E</u> , NMPM, <u>LEA</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Scurlock Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>511 Ohio Ave W Midland Tx 79701</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>El Paso Natural</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1492 El Paso, Tx, 79978</u>	
If well produces oil or liquids, give location of tanks. Unit <u>L</u> Sec. <u>29</u> Twp. <u>24S</u> Rge. <u>37E</u>	Is gas actually connected? <u>yes</u>	When <u>unknown</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

(Signature)  
Executive Vice President  
(Title)  
12/27/88  
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 30 1988, 19  
ORIGINAL SIGNED BY JERRY SEXTON  
BY DISTRICT I SUPERVISOR  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiple completed wells.

FOR THE PEOPLE OF THE COMMONWEALTH OF MASSACHUSETTS  
SECRETARY OF THE TREASURY

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