Submit 5 Copies
Appropriate District Office
DISTRICT 1
2.0. Box 1980, Hobbs, NM 88240

State of New Mexico Enc., 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

DISTRICT III
000 Rio Brizos Rd., Azlec, NM 87410

)|STRICT || '.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No.

Lanexco, Inc.						30-025-26688			
P.O. Box 1206	Jal, New Mex	ico 88252			-				
cason(s) for Filing (Check proper box)	······································		y Oth	er (Please expla	in)				
ew Well	Change in	Transporter of:	_	MENDED					
ecompletion	Oil 📙	Dry Gas 📙	A	MENDED					
hange in Operator	Casinghead Gas	Condensate			·				
change of operator give name address of previous operator									
DESCRIPTION OF WELL	AND LEASE		·						
e Name 1stis "A" Federal Well No. Pool Name, Includ Langlie M						of Lease Lease No. Federal or Fee			
		Langite in		~~~		<u></u>	NMO 14	0977	
ocation Unit Letter	. 1880	Feet From The	outh Lin	e and 1980	Fe	et From The	East	Line	
1.1	25-S	37-F							
Section 1 1 Townshi	p 23-3	Range 37 E	, N	МРМ,		Lea	3	County	
I. DESIGNATION OF TRAN	SPORTER OF O	L AND NATU	RAL GAS						
ams of Authorized Transporter of Oil	or Conden					copy of this form		u)	
Texaco Trading & Tran		or Dry Gas 🔀	 			d, Texas		-1	
of Authorized Transporter of Casinghead Gas or Dry Gas id Richardson Carbon & Gasoline Co.						Worth, To			
well produces oil or liquids,	Unit Sec.	Twp. Rge.			When				
e location of tanks.	I 11	25S 37E	<u> </u>	Yes		June 4	, 1980		
his production is commingled with that '. COMPLETION DATA	from any other lease or p	pool, give commingl	ing order num	ber:					
	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Designate Type of Completion			Total Depth	<u> </u>	L1			Ĺ	
ate Spadded	Date Compl. Ready to	PT00.	Total Depth			P.B.T.D.			
vations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
			<u> </u>			D 40 : 5			
rforations —						Depth Casing S	hoe		
	TUBING.	CASING AND	CEMENTI	NG RECOR	D				
HOLE SIZE			DEPTH SET			SACKS CEMENT			
									
TEST DATA AND REQUES									
L WELL (Test must be after rate First New Oil Run To Tank	Date of Test	f load oil and must		exceed top allo ethod (Flow, pu			full 24 hours	:.)	
5-26-90	5-29-90	Pump							
agth of Test	Tubing Pressure		Casing Pressure			Choke Size 52/64			
24	Pump Oil - Bbls.		Water - Bbis			Gas- MCF			
tual Prod. During Test 6	• 5		5.5			72			
AS WELL	<u> </u>					<u></u>			
ual Prod. Test - MCF/D	Length of Test		Bbis. Conden	sate/MMCF		Gravity of Cond	lensate		
	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
ing Method (pitot, back pr.)	Tuoling Freesanc (Sina-	,	Casing . Ivos	(2.2.12)		Cious Size			
OPERATOR CERTIFIC	ATE OF COMPI	LIANCE	_						
hereby certify that the rules and regula				OIL CON	SERVA	TION DI	VISIO	N	
Division have been complied with and I	_	a above				9J.₩	1,5,1		
is the and constroic to die ocal or thy a	A CHICA		Date	Approve	rig. Sign				
Illihe (cm	ela			, \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Paul KE	utz			
Signature Mike Copeland	Producti	on Supt.	By_		Geolog	Tar			
Printed Name	- *	Title	 Title						
5-30-90	505-395-		I WA			··········			
Date	Telep	hone No.							

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.