

**OIL CONSERVATION DIVISION**

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III  
 1000 Rio Hondo Rd., Azusa, NM 87410

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

**I.**

Operator Lanexco, Inc.	Well APN No. 30-025-27206
Address P.O. Box 1206 Jal NM 88252	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/> Re-completed <input type="checkbox"/> Change in Operator <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Compressed Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Last previous C-104 erroneously named Sid Richardson Carbon & Gasoline Co. as Transporter	

If change of operator give name and address of previous operator \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Buckskin Federal	Well No. 6	Pool Name, including Formation Dollarihike Tubb Drinkard	Kind of Lease State, Federal or Fee	Lease No. NM-49658
Location Unit Letter <u>0</u> : <u>2310</u> Feet From The <u>E</u> Line and <u>330</u> Feet From The <u>S</u> Line Section <u>18</u> Township <u>24S</u> Range <u>38E</u> NMPM Lea 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"/> Texaco Trading & Transportation Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1142 Midland, TX 79702												
Name of Authorized Transporter of Compressed Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492 El Paso, TX 79978												
If well produces oil or liquids, give location of tanks.	<table border="1"> <tr> <td>Unit</td> <td>Sec.</td> <td>Twp.</td> <td>Range</td> <td>In gas actually connected?</td> <td>When</td> </tr> <tr> <td>0</td> <td>18</td> <td>24S</td> <td>38E</td> <td>Yes</td> <td>9-13-82</td> </tr> </table>	Unit	Sec.	Twp.	Range	In gas actually connected?	When	0	18	24S	38E	Yes	9-13-82
Unit	Sec.	Twp.	Range	In gas actually connected?	When								
0	18	24S	38E	Yes	9-13-82								

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	Same Res'v	Duff 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		
Perforations				Depth Casing Shoes				

**TUBING, CASING AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**V. TEST DATA AND REQUEST FOR ALLOWABLE**

**J/L 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.)

Time First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke 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
Testing Method (plant, 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.

*Mike Copeland*  
 Signature  
 Mike Copeland Production Supt.  
 Printed Name  
 505-395-3056  
 Telephone No.  
 Date \_\_\_\_\_

**OIL CONSERVATION DIVISION**

Date Approved \_\_\_\_\_

By \_\_\_\_\_

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.