

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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FEB 09 '88

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

O. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. **Operator**
LANEXCO, INC. ✓

Address
P.O. BOX 1206 JAL, NEW MEXICO 88252

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	<input type="checkbox"/> Change in Transporter of:	<input type="checkbox"/> Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	Change of operator effective 2/1/88
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	(well was formerly operated by Alpha
	<input type="checkbox"/> Dry Gas	Twenty-One Production Company)
	<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name BLAKEMORE FEDERAL	Well No. 1	Pool Name, including Formation 20. TEGOS SCOPE ABO EAST BITTER LAKE WOLECAMP	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM-26069
Location				
Unit Letter <u>D</u> : 660 Feet From The <u>North</u> Line and 660 Feet From The <u>West</u>				
Line of Section <u>20</u> Township <u>9S</u> Range <u>26E</u> , NMPM, CHAVES County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Transwestern Pipeline Company	P.O. Box 2521, Houston, Texas 77252
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	Yes March 13, 1980

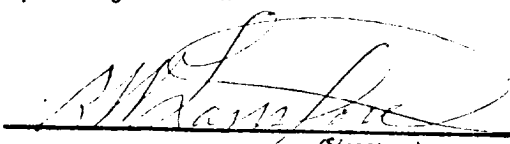
If this production is commingled with that from any other lease or pool, give commingling order number: _____

DHC No. 663

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)
February 2, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 25 1988, 19 _____
BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation 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.