

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

MAR 23 1992

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

O. C. D.
ARTESIA OFFICE

Operator LBO New Mexico, Inc.		Well API No. N/A
Address 28202 Cabot Rd., Ste. 250, Laguna Niguel, CA 92677		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) <i>WIU</i>		
New Well <input type="checkbox"/>	Change in Transporter of <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>	Casehead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator Xeric Oil & Gas Corp., Midland, TX		

II. DESCRIPTION OF WELL AND LEASE

Lease Name G-J Unit Tract 7	Well No. 2	Pool Name, including Formation Grayburg-Jackson-SR-Q-G-S	Kind of Lease State, Federal or Fee	Lease No. LC028992a
Location Unit Letter <u>P</u> : <u>510</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>22</u> Township <u>17-S</u> Range <u>30-E</u> NMPM, <u>Eddy</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"/> Navajo Refining Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Artesia, NM 88210	
Name of Authorized Transporter of Casehead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum GPM Gas Corp.	Address (Give address to which approved copy of this form is to be sent) 4044 E. Penbrook, Odessa, TX 79762	
If well produces oil or liquids, give location of tanks.	Unit <u>N/A</u> Sec <u>22</u> Twp <u>17S</u> Rge <u>30E</u> Is gas actually collected? <u>Yes</u> When? <u>1945</u>	
If this production is commingled with that from any other lease or pool, give commoning pool number <u>N/A</u>		

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff 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 Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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 Rse To Tank	Date of Test	Producing Method (Flow pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size <i>posted 10-3 4-3-92</i>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF <i>city of</i>
GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbl. Condensate/MCF	Gravity of Condensate
Testing Method (prior, 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, President
Printed Name Raymond A. Diaz, President Title
Date 3/17/92 Telephone No. (714) 365-0100

OIL CONSERVATION DIVISION

Date Approved MAR 30 1992

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.