

P.O. Box 1980, Hobbs, NM 88240

## DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

## DISTRICT III

1000 Rio Brizos Rd., Aztec, NM 87410

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

MAR 23 1992

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e15F  
JT  
OFREQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GASO. C. D.  
ARTESIA OFFICE

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

## II. DESCRIPTION OF WELL AND LEASE

|                                                                                                                                                                                                               |               |                                                             |                                        |                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------|----------------------------------------|----------------------|
| Lease Name<br>G-J Unit Tract 7A                                                                                                                                                                               | Well No.<br>1 | Pool Name, Including Formation<br>Grayburg-Jackson-SR-Q-G-S | Kind of Lease<br>State, Federal or Fee | Lease No.<br>LC02899 |
| Location<br>Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u><br>Section <u>26</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"/>         | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 159, Artesia, NM 88210         |
| Navajo Refining Co.                                                                                                      |                                                                                                                     |
| Name of Authorized Transporter of Condensate Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent)<br>4044 E. Penbrook, Odessa, TX 79762      |
| Phillips Petroleum GPM Gas Corp.                                                                                         |                                                                                                                     |
| 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 connected? <u>Yes</u> When? <u>1945</u> |
| If this production is commingled with that from any other lease or pool, give commoning order number<br>N/A              |                                                                                                                     |

## IV. COMPLETION DATA

|                                    |                             |          |                 |          |                   |           |            |         |
|------------------------------------|-----------------------------|----------|-----------------|----------|-------------------|-----------|------------|---------|
| Designate Type of Completion - (X) | Oil Well                    | Gas Well | New Well        | Workover | Deepen            | Plug Back | Same Res'v | Drill R |
| 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 Run To Tank | Date of Test    | Producing Method (Flow pump, gas lift, etc.) |                                                |
| Length of Test                 | Tubing Pressure | Casing Pressure                              | Choke Size <u>ported 10-3</u><br><u>4-3-92</u> |
| Actual Prod. During Test       | Oil - Bbls.     | Water - Bbls.                                | Gas - MCF <u>4.4g OP</u>                       |

## GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D        | Length of Test            | Bbls. Condensate/MCF      | Gravity of Condensate |
| Testing Method (pilot, 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

Title

Date 3/17/92

(714) 365-0100

Date

Telephone No.

## OIL CONSERVATION DIVISION

Date Approved MAR 30 1992By 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.