

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III  
1000 Rio Brazos Rd, Aztec, NM 87410

# OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

MAR 23 1992

See Instructions  
at Bottom of P

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

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

### II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>G-J Unit Tract 7a</b>	Well No. <b>3</b>	Pool Name, Including Formation <b>Grayburg-Jackson-SR-Q-G-S</b>	Kind of Lease <b>State, Federal or Fee</b>	Lease No. <b>LC028992</b>
Location Unit Letter <b>G</b> : <b>1650</b> Feet From The <b>North</b> Line and <b>1370</b> Feet From The <b>East</b> Line Section <b>26</b> Township <b>17-S</b> Range <b>30-E</b> , NMPM, <b>Eddy</b> 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"/> <b>Navajo Refining Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 159, Artesia, NM 88210</b>					
Name of Authorized Transporter of Casaghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips Petroleum GPM Gas Corp.</b>	Address (Give address to which approved copy of this form is to be sent) <b>4044 E. Penbrook, Odessa, TX 79762</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>N/A</b>	Sec <b>22</b>	Trap <b>17S</b>	Age <b>30E</b>	Is gas actually connected? <b>Yes</b>	When? <b>1945</b>
If this production is commingled with that from any other lease or pool, give commingling order number					<b>N/A</b>	

### 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

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 <b>Tested 10-3 4-3-92</b>			
Actual Prod. During Test				Oil - Bbls.				Water - Bbls.				Gas - MCF <b>Chg of</b>			

### GAS WELL

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