

Submit 5 Copies
Appropriate District Office
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

State of New Mexico
Energy, Minerals and Natural Resources Department

Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

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

MAR 23 1992

O. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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) 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 Xeric Oil & Gas Corp., Midland, TX		

II. DESCRIPTION OF WELL AND LEASE		Kind of Lease State, Federal or Fee	Lease No. LC028992a
Lease Name G-J Unit Tract 7B	Well No. 2	Pool Name, including Formation Grayburg-Jackson-SR-Q-G-S	
Location Unit Letter I : 2310 Feet From The South Line and 330 Feet From The East Line Section 27 Township 17-S Range 30-E NMPM Eddy 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) P.O. Box 159, Artesia, NM 88210				
Navajo Refining Co.						
Name of Authorized Transporter of Casaghead 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) 4044 E. Penbrook, Odessa, TX 79762				
Phillips Petroleum GPM Gas Corp.						
If well produces oil or liquids, give location of leaks.	Unit N/A	Sec 22	Tap 17S	Age 30E	Is gas actually condensed? Yes	When? 1945
If this production is commingled with that from any other lease or pool, give name of the other number N/A						

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion - (X)									
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 loss on 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 <i>ported TD-3 4-3-92</i>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF <i>chg op</i>
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		OIL CONSERVATION DIVISION	
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.		Date Approved MAR 30 1992	
Signature <i>[Signature]</i>		By <u>ORIGINAL SIGNED BY</u>	
Printed Name Raymond A. Diaz, President		Mike Williams	
Date 3/17/92		Title SUPERVISOR, DISTRICT II	
Telephone No. (714) 365-0100			

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.