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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
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

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**

I.

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)	
New Well <input type="checkbox"/>	Change in Transporter of _____
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas _____
Change in Operator <input checked="" type="checkbox"/>	Caughead Gas <input type="checkbox"/> Coalescible _____
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. 6	Pool Name, including Formation Grayburg-Jackson-SR-Q-G-S	Kind of Lease State, Federal or Fee State	Lease No. LC028992a
Location Unit Letter P : 990 Feet From The South Line and 25 Feet From The East Line Section 22 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 Coalescible _____	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 Caughead Gas <input checked="" type="checkbox"/> or Dry Gas _____	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.	<table border="1"> <tr> <td>Unit</td> <td>Sec</td> <td>Trap</td> <td>Age</td> <td>Is gas actually connected?</td> <td>When?</td> </tr> <tr> <td>N/A</td> <td>22</td> <td>17S</td> <td>30E</td> <td>Yes</td> <td>1945</td> </tr> </table>	Unit	Sec	Trap	Age	Is gas actually connected?	When?	N/A	22	17S	30E	Yes	1945
Unit	Sec	Trap	Age	Is gas actually connected?	When?								
N/A	22	17S	30E	Yes	1945								
If gas production is commingled with that from any other lease or pool, give common well or other number N/A													

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'y	Diff Res'y
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		

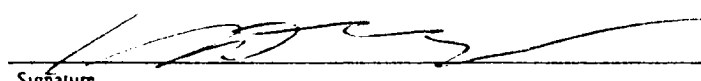
V. TEST DATA AND REQUEST FOR ALLOWABLE

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 4-3-92
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF 6.5g of
GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCMCF	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** 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.