

Submit 3 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

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page
MAR 23 1992
O. C. D.
ARTESIA OFFICE

**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) New Well Recompletions Change in Operator Other (Please explain) WPA

Change in Transporter of Oil Gashead Gas Dry Gas Condensate

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 Tract 11 Well No. 1 Pool Name, including Formation Grayburg-Jackson-SR-Q-G-S Kind of Lease State, Federal or Fee Lease No. LC059376

Location H : 1980 Feet From The North Line and 660 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 or Condensate 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 Gashead Gas or Dry Gas 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. N/A | Unit 22 | Sec 17S | Tap 30E | Age 1945 | Is gas actually compressed? Yes | When? 1945

If the production is commingled with that from any other lease or pool, give location, well number N/A

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 on and must be 12 hrs. 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 posted 10-3
4-3-92

Actual Prod. During Test _____ Oil - Bbls. _____ Water - Bbls. _____ Gas - MCF Edg ex

GAS WELL

Actual Prod. Test - MCF/D _____ Length of Test _____ Bbls. Condensate/MMCF _____ 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.

Raymond A. Diaz, President

Signature _____
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

- 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.