

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

RECEIVED

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

JUL 15 '88

I. Operator Lanexco, Inc. ☒ O. C. D.
Address P.O. Box 1206, Jal New Mexico 88252 ARTESIA, OFFICE

Reason(s) for filing (Check proper box) Other (Please explain)

<input type="checkbox"/> New Well	Change in Transporter of:	Recompleted as a dual producer Wolfcamp- original well BoneSprings-New producer
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Cerro Com</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Wildcat Bone Springs</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease N
Location Unit Letter <u>E</u> : <u>2080</u> Feet From The <u>NORTH</u> Line and <u>760</u> Feet From The <u>WEST</u> Line of Section <u>11</u> Township <u>23-S</u> Range <u>27-E</u> , NMPM, <u>Eddy</u> Count				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Refining Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Drawer 159 Artesia, N.M. 88210</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>11</u>
	Twp. <u>23-S</u>	Rge. <u>27-E</u>
	Is gas actually connected? <u>No</u> When <u>Awaiting contract</u>	

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Mike Copeland Mike Copeland
(Signature)
Production Superintendent
(Title)
July 12, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 22 1988, 19
BY Original Signed by
TITLE Mike Williams

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.

IV. COMPLETION DATA

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Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
		XX							XX
Date Spudded 8-20-78		Date Compl. Ready to Prod. 7-12-88			Total Depth 12,401'		P.B.T.D. 10,150'		
Elevations (DF, RKB, RT, CR, etc.) 3092.4 GL		Name of Producing Formation Bone Springs			Top Oil/Gas Pay 7404'		Tubing Depth 7394'		
Perforations 7404-7412 7416-7425 (2 SPF) 34 perforations							Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	374'	400
12 1/4"	10 3/4"	5660'	1930
9 5/8"	7 5/8" Liner	5321 to 11720	1385
6 3/4"	5" Liner	11362' to 12,401'	150

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lost 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 Tanks 6-1-88	Date of Test 6-10-88	Producing Method (Flow, pump, gas lift, etc.) Swabbing unit	
Length of Test 24 hrs.	Tubing Pressure 0 (swab)	Casing Pressure 50 p.s.i.	Choke Size 38/64
Actual Prod. During Test 222	Oil - Bbls. 48	Water - Bbls. 174	Gas - MCF 38

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size