

I.

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator LBO New Mexico, Inc.		Well API No. 30-025-30566
Address 4101 Birch St., Suite 130, Newport Beach, CA 92660		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name OG State OG	Well No. 1	Pool Name, including Formation N. Bagley (Permo Penn)	Kind of Lease State XXXXXXXX	Lease No. 291-310 (E-26)
Location				291-312 (OG-1402)
Unit Letter K : 2065 Feet From The South Line and 2010 Feet From The West Line				
Section 9 Township 11 South Range 33 East , NMPM, Lea 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"/> Amoco Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3092, Houston, TX 77253	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, OK 74102	
If well produces oil or liquids, give location of tanks.	Unit K Sec 9 Twp 11S Rge. 33E	Is gas actually connected? Yes When ? N/A

If this production is commingled with that from any other lease or pool, give commingling order number: No

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 3-06-89	Date Compl. Ready to Prod. 4-29-89	Total Depth 8804'	P.B.T.D. 8758'					
Elevations (DF, RKB, RT, GR, etc.) 3288.8 (GR)	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 8708'	Tubing Depth 8650'					
Perforations 8708' 09, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20		(2 SPF)		Depth Casing Shoe 8802'				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 17-1/2"	CASING & TUBING SIZE 13-3/8"		DEPTH SET -- 300		SACKS CEMENT -- 350			
12-1/4"	8-5/8" 24#		-- 3200		-- 1018			
7-7/8"	5-1/2" 15.5 & 17#		8802'		375 Sx			
	2-3/4" 4.7#		8650'		--			

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 Run To Tank 3-28-89	Date of Test 3-29-89	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 80 psi	Casing Pressure 320 psi	Choke Size 1/2"
Actual Prod. During Test 91	Oil - Bbls. 87	Water - Bbls. 4	Gas- MCF 114

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

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.

D. A. Turner

Signature

D. A. Turner

Agent

Printed Name

4-07-89

Date

Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 11 1989

By ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

Title

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.

RECEIVED

APR 10 1926

ONE
HOBBS