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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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

| • / | • | TO TRA | NSP | PORTC | | AND NAT | URAL GA | | | | | | | |
|---|---------------------------------------|-----------------------------|--|------------------|---------|--|---------------------------|--|-------------|------------------------|-----------------|--|--|--|
| pentor | | | | | | | Well API No. | | | | | | | |
| LBO New Mexico, Inc. | | | | | | | 30-025-31381 | | | | | | | |
| 28202 Cabot Road, Su | ite 250, | , Lagu | na N | iguel, | C | A 9267 | 7 | | | | | | | |
| Reason(s) for Filing (Check proper box) | · · · · · · · · · · · · · · · · · · · | | | | | Othe | (Please expl | ain): "(1) | to sto Mil | | STATE STATE | | | |
| New Well | 03 | Change in | | · | ٦ | | (Add) | 1. 割气1 | 1.3.1 | - C1 | 12 | 1 | | |
| Recompletion | Oil Casinghea | | Dry C | | า | | Sec. 1 | 58 AN E | | | 0.14070. | | | |
| change of operator give name | <u></u> | | | | <u></u> | | 19444 | 1.1.144.43 | | | | | | |
| ad address of previous operator | | | | | | | | | | | | ······································ | | |
| I. DESCRIPTION OF WELI Leage Name | L AND LE | ASE Well No. | Pool | Name Inc | India | g Formation | | ^ Kin | d of Lease | | 1 16 | ase No. | | |
| (O.G.) State | | #2 | | | | Bagle | Peima | | Federal o | r Fee | 1 | G-1402a | | |
| Location | | | <u> </u> | | | The state of the s | | The state of the s | | | | | | |
| Unit Letter L | <u>. 1980</u> | 0 | _ Feet l | From The | So | uth Line | and <u>66</u> | 0. | Feet From T | The _ | West | Line | | |
| Sautian O Trausa | hin 11 G- | .4-1- | V | . 22 11. | 1. | N/A | игм. Le | | | | | County NIM | | |
| Section 9 Town | hir 11–Sor | urn | Kank | • 33 <u>–</u> Ea | ISE | , NN | AIM, LE | <u>a</u> | | | | County NM | | |
| II. DESIGNATION OF TRA | | | | ND NA | TUI | | | ··· | | | | · | | |
| Name of Authorized Transporter of Oil | | or Conde | | | | Address (Give | | | | | _ | N) | | |
| MOCO Pipeline Co/West Name of Authorized Transporter of Cau | | Trans | | O. ry Gas [| _ | P.O. BOX Address (Give | | | | 1725 This fo | | ni) | | |
| arren Petroleum | | وكتما | J. D. | ., 5 |) | P.O. Box | | • • • | | 410 | _ | / | | |
| If well produces oil or liquids, | Unit | Sec. | Twp. | . я | | ls gas actually | | | ien ? | | | | | |
| ive location of tanks. | | <u> </u> | ــــــــــــــــــــــــــــــــــــــ | | | | | | | | | | | |
| f this production is commingled with the V. COMPLETION DATA | al ton may of | her lease o | r pool, (| give commi | ungl | ing order numt | ser: | | | | | | | |
| | | Oil We | 11 | Gas Wel | li | New Well | Workover | Deeper | n Plug B | lack | Same Res'v | Diff Res'v | | |
| Designate Type of Completic | | <u> 1 ×</u> | | | | Total Damb | L | .1 | | l | | 1 | | |
| Date Spudded 10/15/91 |) | npl. Ready | to Prod | L | | Total Depth | ١٨ | | P.B.T.I | | 0.4 | | | |
| Elevations (DF, RKB, RT, GR, etc.) | | Name of Producing Formation | | | | Top Oil/Cas | 11,000 Top Oil/Gas Pay | | | 10,904 Tubing Depth | | | | |
| 3,292 ground level | 1 | (D-1) | | , ou | | 10,206 | - | | " | • | | | | |
| Perforations | | | | | | 1 10,200 | Depth | 8,980 Depth Casing Shoe | | | | | | |
|) 10,206–10,216 2) 10,224–10,232 3) 10,282- | | | | | | | _ 1 | 10,944 | | | | | | |
| | | | | | ND | CEMENTI | | | | | | | | |
| HOLE SIZE | C, | ASING & | | G SIZE | | <u> </u> | DEPTH SE | Τ | | | SACKS CEM | ENT | | |
| 7 7/0 | | 8 5/8 5 1/2 2 7/8 | | | | | 3,810 | | | | 0.005 | | | |
| 7 7/8 | | | | | | 10,94 | | 2,025 | | | | | | |
| | | | | | | 8,98 | | | | | | | | |
| V. TEST DATA AND REQU | | | | | | -1 | | | | | | ···· | | |
| OIL WELL (Test must be aft | | | re of loc | ad oil and | musi | | | | | or be j | for full 24 hoi | ers.) | | |
| Date First New Oil Run To Tank | Date of T | lest La TA | . /. | 105 | า_ | | lethod (Flow, Purufin | | yı, eic.) | | | | | |
| DEC. 31, 1991 | | Tubing Pressure | | | | Casing Press | Choke | Choke Size | | | | | | |
| Length of Test 24 HRS. | l ubing P | | v i | B5 | | | つぐ ムぶ | 3 C | Ciloas | 0120 | NIA | | | |
| Actual Prod. During Test | Oil - Bbl | s. | | | | Water - Ubis | | <u></u> | Gas- I | MCF | N/A GS M | | | |
| 27.5 BBLS | | · フ' |) B | BUS | D | | S 13 | Busj | \b) | (| 55 M | CF/D | | |
| GAS WELL | <u></u> | | | | | | | | | | | | | |
| Actual Prod. Test - MCF/D | Length o | Length of Test | | | | Bbls. Condensate/MMCl ² | | | Gravi | Gravity of Condensate | | | | |
| Testing Method (pitot, back pr.) | Tubing | Pressure (S | hut-in) | | | Casing Pres | sure (Shut in) | | Choke | e Size | | | | |
| results without (paid, back pr.) | - I doing | Tubing Pressure (Shut-in) | | | | | | | | | | | | |
| VI. OPERATOR CERTIF | ICATE C | OF CON | 4PLL | ANCE | | | 0 | | | ~ | D 1) (10) | | | |
| I hereby certify that the rules and t | | | | | | | OIL CC | NSEF | RVATIO | NC | DIVISION | NC | | |
| Division have been complied with and that the information given above | | | | | | | Date Approved JAN 24'92 | | | | | | | |
| is true and complete to the best of | my knowledge | and Delici | • | | | Dat | e Approv | ved | VANT & | , <u>T</u> | | | | |
| 75 | | | 774 | 365-0 | 101 | , | CHICH | | | | | | | |
| Signature | | | | | (. | '∐ By_ | | | ed by Je | | | | | |
| Signature Raymond A. Diaz President Printed Name Title | | | | | | | Title | | | | | | | |
| Printed Name | 1. 1). | 1112 | In | | | Title | 9 | | | | | | | |
| Date 1/9/97 | | | l'elepho | ne No. | | | | | | | | | | |
| | | | | | | | | | | | | | | |

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.

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