Submit 5 Copies
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

DISTRICT II P.O. Drawer DD, Antesia, 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 TRANSPORT OIL AND NATURAL GAS

	7	TO TRA	NSP	ORT OIL	AND NAT	URAL	.GAS	S				
Operator								Well A	Pl No.			
LBO New Mexico, Inc.						30-02				25–31381		
Address												
28202 Cabot Road, Suit	<u>:e 250,</u>	Lagur	a Ni	iguel, C						 		
Reason(s) for Filing (Check proper box)					∐ Othe	t (Please			O 0 80 - E * I	ነጣሞ አነጣሞ	معور يسم	
New Well		Change in	-							JST NOT	RE	
Recompletion \Box	Oil		Dry G				FLA	RED AFT	ER <u>3</u>	1-92		
Change in Operator	Casinghead	Gas []	Conde	ntale			UNI	ESS AN	EXCEPTION	IN TO R-4	1 07p	
f change of operator give name and address of previous operator							IS O	BTAINE),		*	
•		CE	٠ (۲	A 2.	Dan	0			9		i .U	
I. DESCRIPTION OF WELL A	IND LEA			7	Kerma	Ken	<u>~</u>	Wind a	<u>ona</u>	WW FF	rase No.	
(O.G.) State		Well No. #2	Į.	Vame, includir Lidea t	ng rommuon				f Lease Federal or Fed	76.0		
Location		πΔ	744	Liuca t	·····					ц-20;⊌	.G.=1402	
Unit LetterL	: 1980)	Feet F	rom The SO	uth Line	and	660 [.]	Fee	et From The	West	Line	
							_		A I 10111 112 -			
Section 9 Township	.11Sou	ıth	Range	33_East	, NI	II'M,	Lea				County NM	
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil		R OF O		ND NATU		. addr	to w.L.	ch annua	convertible	orm is to be	()	
					1					orm is to be se	irst/	
Amoco Pipeline Co/Wester Name of Authorized Transporter of Casing					P.O. Box 3092; Houston, T Address (Give address to which approved a						·=/}	
Varren Petroleum		كجيد	oi Di	, Jan	l .						erst j	
**	l Heir I	Sec	T	D	P.O. Box					12		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	ls gas actually	connect	EU!	When	r .			
f this production is commingled with that f	mm 2011 21	er lesse or	pool o	ive comminat	ing order	·		1				
IV. COMPLETION DATA	ioni any our	ICH ICHBC UE	honi' B	те сепиний.	ing other bindi	بر ا.			 			
COULIDATION DATA		Oil Well	1	Gas Well	New Well	Worko	ver l	Deepen	Pluo Back	Same Res'v	Diff Res'v	
Designate Type of Completion -	· (X)	1 ×	ŀ	JE0 11 CH	X	************************************	· 61	Deepeu	1 TOR DACK			
Date Spudded	Date Comp		Prod.		Total Depth	L			P.B.T.D.			
10/15/91	1 :				-	in				20.4		
Elevations (DF, RKB, RT, GR, etc.)	12/17/91 Name of Producing Formation				11,000 Top Oil/Gas Pay				10,904 Tubing Depth			
3,292 ground level permo penn					1 -	10,206				8.980		
Perforations	, portito	permo permi				10,200				Depth Casing Shoe		
1) 10,206–10,216 2) 10	,224-1	0,232	3)	10,282	-10,294				10,9	944		
· · · · · · · · · · · · · · · · · · ·					CEMENTI	NG RE	CORI)	·			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
		8 5/8				3,810						
7 7/8	5 1/2				10,944				2.025			
	2 7/8				8,980							
	†	,,			0,00	· J			1		/	
V. TEST DATA AND REQUES	T FOR A	ALLOW	ABLI	E	L							
OIL WELL (Test must be after re					be equal to or	exceed to	op allo	wable for thi	s depth or be	for full 24 hoi	urs.)	
Date First New Oil Run To Tank	Date of Te	st		·· · · · · · · · · · · · · · · · · · ·	Producing M							
DEC. 31, 1991	3	JAN	6.	1952		PUMI	MIS	•				
Length of Test	Tubing Pre		1		Casing Press	ите	•		Choke Size	. ,		
24 HRS.		150	LA	35		25	435	ζ		NIA		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis				Gas- MCF			
27.5 BBLS		マフ	BB	sis/0		-5	Br	315/1		65 m	CF/D	
GAS WELL	· · · · ·											
AZOM Prod. Test - MCF/D	Length of	Tesi		 	Bbis. Conde	sale/MM	CF		Gravity of	Condensate		
									+			
Testing Method (puot, back pr.)	Tubing Pr	essure (Shi	Heir)		Casing Press	ure (Shu	ia)		Choke Size			
transport (part, cock pr.)	1					_	,					
M ODED ATTOR GEDTHERS		F CO1 5	DI 7 A	NICE	1							
VI. OPERATOR CERTIFIC						אוו ר	CON	ISERV	ATION	DIVISION	NC	
I hereby certify that the rules and regul						<u>ی، د</u> ر	<i>-</i> • • • • • • • • • • • • • • • • • • •		,	J. 7 101	- ··	
Division have been complied with and is true and complete to the best of my			ven abo)VE				J	AN 24'	92		
is true and complete to the best of my	MIOMICURE S	min ochci.	٠		Date	e Appi	rove	d	· · · · · · ·			
337		_	211	2/5	11	• •						
			7	365-400	By_	ORIG	INAL	SIGNED I	BY JERRY	SEXTON		
Signature Raymond A. Diaz		Presid	lent.				DIS	TRICT I S	UPERVISO	R		
Printed Name		,	Tille	;	Title							
17.134 11. 11. 11.	/} /	11 2			н ние	<i>-</i>						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

1/2/92

- 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.

Telephone No.

- 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.

ĒÙ

Tobis Control