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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
L & B Oil Company, Inc.

Address  
9800 Centre Parkway, Ste. 900 Houston, Texas 77036

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

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE *East New Hope Cased Hole R 79159 7-1-85*

Lease Name Boys Ranch	Well No. 1	Pool Name, Including Formation Wildcat, <del>Fuselman</del> <i>Cisco</i>	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>0</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u>				
Line of Section <u>29</u> Township <u>6-S</u> Range <u>34-E</u> , NMPM, <u>Roosevelt</u> 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"/> Pride Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2436 Abilene, Texas 79604				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Cities Service Oil & Gas Corporation	Address (Give address to which approved copy of this form is to be sent) Box 300 Tulsa, Oklahoma 74102				
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 29	Twp. 6-S	Rge. 34-E	Is gas actually connected? When YES 2-19-85

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.

*Julie Ormand*  
(Signature)

Engineering Assistant

(Title)

2-26-85

(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 14 1985, 19

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable 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 multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)				Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
					X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.					
11-9-84	1-18-85		7990'			7940'					
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth				
4341' GR/4351' KB		Cisco		7612'			7499'				
Perforations								Depth Casing Shoe			
7738'-7750', 7612'-7710.5'								7990'			
TUBING, CASING, AND CEMENTING RECORD											
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET				SACKS CEMENT			
17 1/2"		13-3/8"		411'				420 "C"			
12 1/4"		9-5/8"		2005'				850 "C"			
8-3/4"		5 1/2"		7990'				125 "C" & 350 "H"			
		2-3/8"		7499'							

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)			
Length of Test	Tubing Pressure	Casing Pressure		Choke Size	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.		Gas - MCF	

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
2480	24 Hrs.	.027	65°
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	1740	0	15/64"

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MAR -1 1985

6622  
 HOODS OFFICE