

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

I. Operator
L & B Oil Company, Inc.

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

Reason(s) for filing (Check proper box)
☒ New Well
☐ Recompletion
☐ Change in Ownership
 Change in Transporter of:
☐ Oil
☐ Dry Gas
☐ Casinghead Gas
☐ Condensate
 Other (Please explain)

If change of ownership give name and address of previous owner

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

Lease Name Boys Ranch	Well No. 1	Pool Name, including Formation Wildcat, <i>Fuselman</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 <u>0</u> Sec. <u>29</u> Twp. <u>6-S</u> Rge. <u>34-E</u>	Is gas actually connected? <u>YES</u> When <u>2-19-85</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.

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 11-9-84	Date Compl. Ready to Prod. 1-18-85	Total Depth 7990'				P.B.T.D. 7940'			
Elevations (DF, RKB, RT, GR, etc.) 4341' GR/4351' KB	Name of Producing Formation Cisco	Top Oil/Gas Pay 7612'				Tubing Depth 7499'			
Perforations 7738'-7750', 7612'-7710.5'						Depth Casing Shoe 7990'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
17½"	13-3/8"		411'			420 "C"			
12¼"	9-5/8"		2005'			850 "C"			
8-3/4"	5½"		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 2480	Length of Test 24 Hrs.	Bbls. Condensate/MMCF .027	Gravity of Condensate 65°
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1740	Casing Pressure (Shut-in) 0	Choke Size 15/64"

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MAR -1 1985

6-2-85
HOBBS OFFICE