

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Grande Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Lanexco, Inc.		Well APT No. 30-025-28998
Address P.O. Box 1206 Jal NM 88252		
Reason(s) for Filing (Check proper box) ☐ New Well ☒ Recompletion ☐ Change in Operator ☐ Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐		
If change of operator give name and address of previous operator		
Other (Please explain) CONDENSATE GAS MUST NOT BE HAD AFTER 4-1-91 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sherry M. State	Well No. 1	Pool Name, including Formation Airstrip - Bone Spring	Kind of Lease State, Federal or Fed X	Lease No. LG-7974
Location Unit Letter <u>D</u> : <u>330</u> Feet From The <u>N</u> Line and <u>660</u> Feet From The <u>W</u> Line Section <u>35</u> Township <u>18-S</u> Range <u>34-E</u> NMPM Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

SCURLOCK PERMIAN CORP EFF 9-1-91

Name of Authorized Transporter of Oil Permian Corp.	☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183 Houston, TX 77251
Name of Authorized Transporter of Casinghead Gas	☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit <u>D</u> Sec. <u>35</u> Twp. <u>18S</u> Rgn. <u>34E</u>	Is gas actually connected? <u>No</u> When <u>3</u> Testing well to be decided on
If this production is commingled with that from any other lease or pool, give commingling order number:		

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well ☒	Gas Well	New Well	Workover ☒	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 11-7-84	Date Compl. Ready to Prod.		Total Depth 10,930		F.S.T.D. 9240			
Elevations (DP, RKB, RT, GR, etc.) 3991.6 GR 4008 RKB	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 9105		Tubing Depth 9187			
Performance 9105-9148					Depth Casing Shoe 9334			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8	391	450 C
11"	8 5/8	3991	1550 Lite 200 C
7 7/8"	4 1/2	9334	250 SX H-50/50 POZ

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 1-27-91	Date of Test 1-31-91	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure Pump	Casing Pressure 30 PSI	Choke Size 36/64
Actual Prod. During Test 88	Oil - Bbls. 72	Water - Bbls. 16	Gas - MCF 65

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Casing 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.

Signature Mike Copeland Production Supt.
Printed Name 2-4-91 505-395-3056
Date 2-4-91 Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____

By _____

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.