

# OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT III  
1008 Rio Grande Rd., Artesia, NM 87418

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                                  |                                     |
|----------------------------------|-------------------------------------|
| Operator<br><b>Lanexco, Inc.</b> | Well Aft No.<br><b>30-025-27696</b> |
|----------------------------------|-------------------------------------|

Address  
**P.O. Box 1206 Jal NM 88252**

|                                             |                                                                           |                                                                                |  |
|---------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------|--|
| Reason(s) for Filing (Check proper box)     |                                                                           | <input checked="" type="checkbox"/> Other (Please explain) Last previous C-104 |  |
| New Well <input type="checkbox"/>           | Change in Transporter of <input type="checkbox"/>                         | erroneously named Sid Richardson Carbo                                         |  |
| Recompletion <input type="checkbox"/>       | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>             | & Gasoline Co. as Transporter                                                  |  |
| Change in Operator <input type="checkbox"/> | Conveyed Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |                                                                                |  |

If change of operator give name and address of previous operator

### II. DESCRIPTION OF WELL AND LEASE

|                                    |                      |                                                         |                                        |                              |
|------------------------------------|----------------------|---------------------------------------------------------|----------------------------------------|------------------------------|
| Lease Name<br><b>Werta Federal</b> | Well No.<br><b>1</b> | Pool Name, including Formation<br><b>House DRINKard</b> | Kind of Lease<br>State, Federal or Fee | Lease No.<br><b>NM-14812</b> |
|------------------------------------|----------------------|---------------------------------------------------------|----------------------------------------|------------------------------|

|                   |                      |                     |                                                                        |
|-------------------|----------------------|---------------------|------------------------------------------------------------------------|
| Location          | Unit Letter <b>0</b> | Section <b>2310</b> | Foot From The <b>E</b> Line and <b>330</b> Foot From The <b>S</b> Line |
| Section <b>35</b> | Township <b>19S</b>  | Range <b>38E</b>    | Lea <b>NMNM</b> 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"/>       | Address (Give address to which approved copy of this form is to be sent) |
| <b>Navajo Refining Co.</b>                                                                                             | <b>P.O. Drawer 159 Artesia, NM 88210</b>                                 |
| Name of Authorized Transporter of Conveyed Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| <b>El Paso Natural Gas Co.</b>                                                                                         | <b>P.O. Box 1492 El Paso, TX 79978</b>                                   |

|                                                          |               |                |                 |                 |                                       |                      |
|----------------------------------------------------------|---------------|----------------|-----------------|-----------------|---------------------------------------|----------------------|
| If well produces oil or liquids, give location of tanks. | Unit <b>0</b> | Sec. <b>35</b> | Twp. <b>19S</b> | Rgn. <b>38E</b> | Is gas actually connected? <b>Yes</b> | When? <b>6-11-82</b> |
|----------------------------------------------------------|---------------|----------------|-----------------|-----------------|---------------------------------------|----------------------|

If this production is commingled with that from any other lease or pool, give commingling order number:

**DHC-378**

### 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                       | Date Compl. Ready to Prod.  |          | Total Depth     |          | F.B.T.D.          |           |            |            |
| Flowline (DP, RKB, RT, GR, etc.)   | Name of Producing Formation |          | Top Oil/Gas Pay |          | Tubing Depth      |           |            |            |
| Perforations                       |                             |          |                 |          | Depth Casing Shoe |           |            |            |

### TUBING, CASING AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

### V. TEST DATA AND REQUEST FOR ALLOWABLE

**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 From New Oil Run To Test | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                | Tubing Pressure | Casing Pressure                               | Choke Size |
| Volume Prod. During Test      | Oil - Bbls.     | Water - Bbls.                                 | Gas - MCF  |

### GAS WELL

|                                |                           |                           |                       |
|--------------------------------|---------------------------|---------------------------|-----------------------|
| Current Prod. Test - MCF/D     | Length of Test            | Bbls. Condensate/MCF      | Gravity of Condensate |
| Casing Method (plst, 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.

|                                   |                              |
|-----------------------------------|------------------------------|
| <i>Mike Copeland</i>              |                              |
| Signature<br><b>Mike Copeland</b> | Production Supt.             |
| Printed Name<br><b>5-17-90</b>    | Title<br><b>505-395-3056</b> |
| Date                              | Telephone No.                |

### OIL CONSERVATION DIVISION

Date Approved **AUG 22 1990**

By **Paul Kauza**  
Geologist

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.