Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: LBO NEW MEXICO, INC.	Well API No.: 30-025-27710
Address: 4101 BIRCH ST SUITE 130 NEWPORT BEACH CALIF 92660	

Reason(s) for Filing *(Check proper box)*

New Well ☐
Recompletion Re-entry ☑
Change in Operator ☐

Change in Transporter of:
Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other *(Please explain)*
CASINGHEAD GAS MUST NOT BE FLARED AFTER 11-4-89 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.

If change of operator give name and address of previous operator ~~THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.~~ 12/1/89

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
TONI	2	~~ABO~~ R-9038 Nadine Drinkard/Abo		

Location
Unit Letter I : 2310 Feet From The SOUTH Line and 480 Feet From The EAST Line
Section 22 Township 19 S Range 38-E, NMPM, LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☑ or Condensate ☐	Address *(Give address to which approved copy of this form is to be sent)*
KOCH	PO BOX 1558 BRECKENRIDGE, TX 76024
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address *(Give address to which approved copy of this form is to be sent)*
PHILLIPS 66 NATURAL GAS CO.	4001 PENBROOK, ODESSA, TX 79761

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	I	22	19S	38E	NO	3-4 WEEKS

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
	X				X			

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
8-10-89	9-4-89	7700	
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3614 RKB	ABO	7140	7050
Perforations			**Depth Casing Shoe**
OPEN HOLE 7140 - 7700			7140

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	30'	RD SURFACE
12 1/4	8 5/8	1654.32	900 SX CIRC
7 7/8	5 1/2	7140	550 SX CIRC

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	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
9-9-89	9-18-89	PUMP	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 HRS	220 #	0	3/4"
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas- MCF**
90 BBLS	90 BBLS	40 BBLS	7.5c

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method *(pitot, 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.

Donald A. Turner
Signature
DONALD A. TURNER GEOLOGIST
Printed Name Title
9-19-89 915-682-3115
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 20 1989

By Orig. Signed by Paul Kautz 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.