

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Lanexco, Inc.	Well APT No. 30-025-28086
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Address P.O. Box 1206 Jal NM 88252
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Reason(s) for Filing (Check proper box) New Well ☐ ☐ Change in Transporter of ☐ Other (Please explain) ☐ Recompletion ☐ Oil ☐ Dry Gas ☒ Change in Operator ☐ Condensed Gas ☐ Condensate ☐

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Oney	Well No. 1	Pool Name, including Formation Eumont Gas	Kind of Lease State, Federal or Fee	Lease No. B-2330
Location Unit Letter D : 660 Feet From The N Line and 660 Feet From The W Line Section 9 Township 19S Range 37E 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)
Name of Authorized Transporter of Condensed Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
Sid Richardson Carbon & Gasolone Co.	201 Main St. Fort Worth, TX 76102
If well produces oil or liquids, give location of tanks. ☐ Unit D Sec. 9 Twp. 19S Rgn. 37E	Is gas actually transported? ☒ Yes When? 2-84

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res'v	Full Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Stations (DP, RLB, RT, CR, 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	BACKS CEMENT

VI. 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.)	
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/MCF	Gravity of Condensate
Flowing Method (pilot, back pr.)	Tubing Pressure (lb/in ²)	Casing Pressure (lb/in ²)	Choke Size

VII. 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.

Mike Copeland
Signature
Mike Copeland Production Supt.

Printed Name
505-395-3056 Title

Date **11-4-91** Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____

By _____ 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.