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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator <u>LBO NEW MEXICO INC.</u>		Well API No. <u>30-025-30589</u>
Address <u>4101 Birch St. Suite 130, NEARST (HOBBS) 88240</u>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>TIFFANY</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>ADRIAN - ADIC</u>	Kind of Lease State, Federal or Fee <input checked="" type="checkbox"/>	Lease No.
Location				
Unit Letter <u>E</u>	: <u>1980</u>	Feet From The <u>NORTH</u> Line and <u>100</u>	Feet From The <u>WEST</u> Line	
Section <u>26</u>	Township <u>19 S</u>	Range <u>35 E</u>	NMPM, <u>1-17A</u>	County

II. 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)					
<u>PEIDE PIPELINE</u>	<u>PO BOX 3237 ABILENE TX 79604</u>					
Name of Authorized Transporter of Casinghead 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)					
<u>WARREN PER</u>	<u>P.O. BOX 1587 TULSA, OK 74102</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	<u>E</u>	<u>26</u>	<u>19S</u>	<u>38E</u>	<u>YES</u>	<u>11-20-89</u>

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 <input type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.L.D.		
Elevations (DF, 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

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/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	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.

Signature <u>REINHOLD P. DUBOIS</u>	Title <u>(719) 261-8151</u>
Printed Name <u>12-8-89</u>	Telephone No.
Date	

OIL CONSERVATION DIVISION

DEC 11 1989

Date Approved

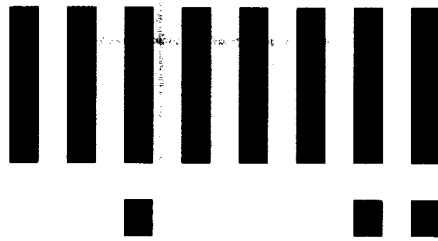
By

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1194

- 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.



LTR



Job separation sheet

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1000 Rio Brazos Rd., Aztec, NM 87410

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

Operator LBO New Mexico, Inc.		Well API No. 30-025-30589
Address 4101 Birch Street Suite 130 Newport Beach, CA 92660		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	<i>show gas connection</i>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input checked="" 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 Tiffany	Well No. 1	Pool Name, Including Formation Nadine Drinkard/ABO	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location				
Unit Letter <u>E</u>	<u>1980</u>	Feet From The <u>North</u> Line and <u>660</u>	Feet From The <u>West</u> Line	
Section <u>26</u>	Township <u>19S</u>	Range <u>38E</u>	NMPM, Lea	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"/> Koch for Amoco	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1558 Brechenridge, TX 76024
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589 Tulsa, OK 74102
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ? <u>E</u> <u>26</u> <u>19S</u> <u>38E</u> <u>Yes</u> <u>11-20-89</u>

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 07-21-89	Date Compl. Ready to Prod. 08-15-89	Total Depth 7700'	P.B.T.D. 7700'					
Elevations (DF, RKB, RT, GR, etc.) 3604 GR	Name of Producing Formation Drinkard/ABO	Top Oil/Gas Pay 7016	Tubing Depth 7050					
Perforations			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
	8-5/8"	1575'	690					
7-7/8"	5-1/2"	7700'	1400, Stage I					
			740, Stage II					

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 08-14-89	Date of Test 08-15-89	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 Hours	Tubing Pressure 350 - 400	Casing Pressure 500	Choke Size 32/64
Actual Prod. During Test 300 BBS	Oil - Bbls. 300Bbls	Water - Bbls. 125	Gas - MCF 1500MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing 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
Raymond A. Diaz President
Printed Name
11-21-89 (714) 261-8181
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 27 1989
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
Title _____

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