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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

OIL CONSERVATION DIVISION

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

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**

I.

Operator <u>LBO NEW MEXICO, INC.</u>	Well API No. <u>30-045-80559</u>
Address <u>4101 BIRCH ST, #130, NEWPORT BEACH, CA. 92660</u>	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

**CASINGHEAD GAS MUST NOT BE
FLARED AFTER 10-14-89
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>TIFFANY</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>NADINE DRAINAGE/ABC</u>	Kind of Lease State, Federal or Fee <input checked="" type="radio"/>	Lease No.
Location Unit Letter <u>E</u> : <u>1280</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, <u>LEN</u> 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"/> <u>KCH</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO BOX 1558 BREAN, WY. 82404</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>PHILLIPS EXPLORATION GAS CO.</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 PINE BLVD, DALLAS, TX 75211</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>26</u>	Twp. <u>19S</u>	Rge. <u>38E</u>	Is gas actually connected? <u>NO</u>	When? <u>8-29-89</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 <u>7-21-89</u>	Date Compl. Ready to Prod. <u>8-15-89</u>		Total Depth <u>7700</u>		P.B.T.D. <u>7700</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>300-625</u>	Name of Producing Formation <u>DRAINAGE/ABC</u>		Top Oil/Gas Pay <u>7016</u>		Tubing Depth <u>7050</u>			
Perforations <u>7690-7758, 7016-7050</u>					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>1 1/8</u>	<u>8 5/8</u>		<u>1275</u>		<u>600</u>			
	<u>5 1/2</u>		<u>1100</u>		<u>1400, 20000 L</u>			
					<u>740, 57400 L</u>			

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 <u>8-14-89</u>	Date of Test <u>8-15-89</u>	Producing Method (Flow, pump, gas lift, etc.) <u>FLOWING</u>	
Length of Test <u>24 HRS.</u>	Tubing Pressure <u>350-400</u>	Casing Pressure <u>500</u>	Choke Size <u>3 1/2</u>
Actual Prod. During Test <u>300 BBL</u>	Oil - Bbls. <u>300 BBL</u>	Water - Bbls. <u>125</u>	Gas - MCF <u>150000</u>

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.

Dennis A. Tamm
Signature
Dennis A. Tamm
Printed Name
8-24-89
Date
(505) 682-3128
Telephone No.

OIL CONSERVATION DIVISION
AUG 25 1989

Date Approved _____

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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.

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