

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

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| Operator LBO NEW MEXICO, INC. | | Well API No. 30-025-3656 |
| Address 4101 BIRCH STREET SUITE 130 NEWPORT BEACH, CALIF | | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) CASINGHEAD GAS MUST NOT BE | | |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: | |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> | <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 _____ | | |

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| II. DESCRIPTION OF WELL AND LEASE | | | |
| Lease Name TARA | Well No. 1 | Pool Name, Including Formation DRINKARD / ABO | Kind of Lease State, Federal or <u>Fee</u> |
| Lease No. _____ | | | |
| Location | | | |
| Unit Letter F | : 1980 | Feet From The NORTH | Line and 2310 |
| Section 26 | | Township 19S | Range 38 E , NMPM, LEA County |

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| 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 | | | | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1558 BRECKENRIDGE, TX | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> WARREN | | | | 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 E | Sec. 26 | Twp. 19S | Rge. 38E | Is gas actually connected? NO | When? 11-15-89 | |
| If this production is commingled with that from any other lease or pool, give commingling order number: _____ | | | | | | | |

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| IV. COMPLETION DATA | | | | | | | | |
| Designate Type of Completion - (X) | Oil Well <input checked="" type="checkbox"/> | Gas Well <input type="checkbox"/> | New Well <input checked="" 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. 10-4-89 | | Total Depth 7913 | | P.B.T.D. 7850 | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3624.4 KB | Name of Producing Formation ABO | | Top Oil/Gas Pay 7229 | | Tubing Depth 7708 | | | |
| Perforations 7229 - 7721 (72 HOLES) | | | | | Depth Casing Shoe | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE 12 1/4" 7 7/8" | CASING & TUBING SIZE 8 5/8" 5 1/2" | | DEPTH SET 1585' 7913' | | SACKS CEMENT TO SURFACE 7904 Circulated 570 1st city 370 2nd city | | | |

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| 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 11-4-89 | Date of Test 11-4-89 | Producing Method (Flow, pump, gas lift, etc.) FLOWING | |
| Length of Test 24 HRS | Tubing Pressure 150 - 320# | Casing Pressure 0 | Choke Size 3/4" |
| Actual Prod. During Test 528 | Oil - Bbls. 528 | Water - Bbls. 390 | Gas - MCF 2,550 |

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|----------------------------------|---------------------------|---------------------------|-----------------------|
| 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 |

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| 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 Donald A. Turner | Title GEULOGIST |
| Printed Name DONALD A. TURNER | Telephone No. 392-2963 |
| Date 11-5-89 | |

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| OIL CONSERVATION DIVISION | |
| Date Approved NOV 8 1989 | |
| By _____ | Orig. Signed by Paul Kautz Geologist |
| Title _____ | |

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.