

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 <u>LBO NEW MEXICO, INC.</u>	Well API No. <u>30-025-30730</u>
Address <u>4101 BIRCH ST. SUITE 130 ALBUQUERQUE, NM 87106</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 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	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>DANIELLS</u>	Well No. <u>1</u>	Pool Name Including Formation <u>1221A RMB / AT</u>	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter <u>C</u>	Feet From The <u>North</u>	Line and <u>100</u>	Feet From The <u>East</u>	Line
Section <u>26</u>	Township <u>19S</u>	Range <u>38E</u>	NMPM, <u>100</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <u>PRIDE PIPELINE</u>	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>PO BOX 3137 ALBUQUERQUE, NM 87106</u>				
Name of Authorized Transporter of Casinghead Gas <u>PRIDE PIPELINE</u>	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>PO BOX 1500 ALBUQUERQUE, NM 87106</u>				
If well produces oil or liquids, give location of tanks.	Unit <u>15</u>	Sec. <u>26</u>	Twp. <u>19S</u>	Rge. <u>38E</u>	Is gas actually connected? <u>yes</u>	When? <u>12-22-89</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>12-08-89</u>	Date Compl. Ready to Prod. <u>12-15-89</u>	Total Depth <u>7725</u>		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) <u>3617</u>	Name of Producing Formation <u>ABC</u>	Top Oil/Gas Pay <u>7725</u>		Tubing Depth <u>7787</u>				
Perforations <u>7602 - 7715 (104 holes)</u>	Depth Casing Shoe <u>7757</u>							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>7 7/8</u>	<u>5 1/2" #17</u>		<u>2910</u>		<u>1500</u>			
<u>12 1/4</u>	<u>4 1/2" #24</u>		<u>1515</u>		<u>1200</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>12-20-89</u>	Date of Test <u>12-20-89</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flow</u>	
Length of Test <u>74 HRS</u>	Tubing Pressure <u>200 PSI</u>	Casing Pressure <u>0</u>	Choke Size <u>2 1/2"</u>
Actual Prod. During Test	Oil - Bbls. <u>3.15</u>	Water - Bbls. <u>150</u>	Gas - MCF <u>120</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test <u>4-4 HRS</u>	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 <u>JERRY SEXTON</u>	Title <u>FIELD SUPERVISOR</u>
Printed Name <u>JERRY SEXTON</u>	Telephone No. <u>(505) 827-8781</u>
Date <u>12-22-89</u>	

OIL CONSERVATION DIVISION

DEC 27 1989

Date Approved

By

ORIGINAL SIGNED BY JERRY SEXTON
FIELD 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.