Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico nergy, Minerals and Natural Resources Depar

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

OIL CONSERVATION DIVISION

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

DISTRICT III 1000 Rio Berres Rd., Asiec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Lanexco, Inc.						Well API No. 30-025-06436				
						30-023-00436				
P.O. Box 1206	Jal, NM	88252			,				· · · · · · · · · · · · · · · · · · ·	
seco(s) for Filing (Check proper b				L. Oth	s (Piease expla	in)				
w Well	Oil C	hange in Tra	y Ges 🔯							
completion	Casingheed (ndenmis 🔲							
ange in Operator Lange of operator give name	Congress				··· · · · · · · · · · · · · · · · · ·			····		
address of previous operator						······································				
DESCRIPTION OF WE		Well No. Pool Name, Include			ag Formation Kind			of Lease No.		
Alves B				-			late, Federal or Fee			
ostice _										
Unit LetterF	:19	80 Fe	et From The	N Lie	and1	980 F •	et From The .	W	Lin	
Section 8 To	waship 21-	·S R	100e 37-I	E .N	MPM.		Lea		County	
DESIGNATION OF TI	RANSPORTER	OF OIL	AND NATU	RAL GAS	s address to wh	ich aparoued	com of this f	orm is to be se	at)	
With Cit Variationary 11 complement on A	-			,						
e of Authorized Treesporter of Casinghead Gas or Dry Gas 🔀				Address (Give address to which approved copy 201 Main St. Fort Worth				y of this form is to be sent)		
Sid Richardson Car		& Gasoline Co.		is gas actually connected?			t Worth, TX 76102			
vell produces oil or liquids, blocation of tanks.	F		Vp. Rgs. 21S 37E		e s	""	Unkno	wn		
is production is commingled with		lease or poo	i, give comming	ing order num	ber:					
COMPLETION DATA				1	<u> </u>			·		
Designate Type of Comple		Oil Well	Gas Well	New Well	Workover	Dec _{pes}	Plug Back	Same Res'v	Diff Res's	
• Spudded	Date Compi.	Ready to Pro	od.	Total Depth	L		P.B.T.D.	<u> </u>	<u> </u>	
vations (DF, RKB, RT, GR, etc.) Name of Producing Formation			ntion	Top Oil/Ges Pay			Tubing Depth			
OFELIORA							Depth Casin	g Shos		
	771	PING C	SING AND	CEMENTI	NC BECOR	<u> </u>	<u> </u>	····		
TUBING, CASING AI HOLE SIZE CASING & TUBING SIZE				CEMENT	DEPTH SET	SACKS CEMENT				
1,000 0.50										
						·				
TEST DATA AND REQ	UEST FOR AL	LOWAB	LE							
	fter recovery of total	volume of la	and oil and must		exceed top allo thad (Flow, pre			or full 24 how	s.)	
First New Oil Run To Tank	Date of Test			1 Location 18 Ive	com (s now, pro	2	. .,			
gth of Test	Tubing Press	Tubing Pressure			Casing Pressure			Choke Size		
				Water - Bbis.			Gas- MCF			
al Prod. During Test	Oil - Bbls.	Oil - Bbis.			Water - Dona					
S WELL							· · · · · · · · · · · · · · · · · · ·			
uel Prod. Test - MCF/D	Leagth of Tee	Leagth of Test			Bbis. Condensate/MMCF			Gravity of Condensate		
	The base	Tubing Pressure (Shut-in)			Casing Pressure (Shut-is)			Choke Size		
ing Method (pilot, back pr.)	LOOING Freeze	tte (200m.m)		Caping 11000	(GRAB 3125			
OPERATOR CERTI	FICATE OF C	OMPLI	ANCE							
hereby certify that the rules and	regulations of the Oi	l Conservation	30		DIL CON	SERVA	ATION I	DIVISIO	N	
Division have been complied with is true and complete to the best of	and that the informs	lion given al	bove					Ho h		
a true and complete to the seal of	A STATE OF THE PARTY OF THE PAR	/		Date	Approved			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Illiha (milan	M					ad by		*	
Signature Mike Copeland Production Supt.				By Orig. Signed by Paul. Kautz Geologist						
Mike Copelan			- 			Geolog	isti			
Printed Name 11-5-91	505-3	395–305	6	Title.		1 100	·			
Date	 	Telephor	ne No.					•		

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.