

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	Lanexco, Inc.	Well APN No.	30-025-06662
Address	P.O. Box 1206 Jal, NM 88252		
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)			
New Well	☐	Change in Transporter of:	☐ Dry Gas ☒
Recompletion	☐	Oil	☐ Condensate ☐
Change in Operator	☐	Consignee Gas	☐ Condensate ☐
If change of operator give name and address of previous operator			

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Alves	2	Eumont Yates SRO	State Reducible Fee	
Location	Unit Letter	1980	Feet From The	North Line and 1980
			Feet From The	East Line
	Section	18	Township	21S
			Range	37E
			NMPL	Lea
				County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	☐ or Condensate	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Consignee Gas	☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
Sid Richardson Gasoline Co.		201 Main St. Fort Worth, TX 76102
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	G	18
	21S	37E
		Is gas actually connected?
		Yes
		When?
		August 1964

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Different Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.S.T.D.			
Elevations (DP, 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

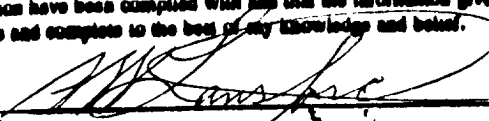
Oil Well	(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)		
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - bbls.	Water - bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	bbls. Condensate/MCF	Gravity of Condensate
Casing Method (pilot, back pr.)	Tubing Pressure (lb/in)	Casing Pressure (lb/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 
Robert W. Lansford President
Printed Name Title
11-16-93 505-395-3056
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 18 1993

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.