

# OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT III  
1000 Rio Grande Rd., Aztec, NM 87410

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------|
| Operator<br><b>Lanexco, Inc.</b>                                                                                                                                                                                                                                                                                                                                                                           |  | Well APN No.<br><b>30-025-26812</b> |
| Address<br><b>P.O. Box 1206 Jal NM 88252</b>                                                                                                                                                                                                                                                                                                                                                               |  |                                     |
| Reason(s) for Filing (Check proper box)<br><input type="checkbox"/> New Well<br><input type="checkbox"/> Recompleted<br><input type="checkbox"/> Change in Operator<br><input type="checkbox"/> Change in Transporter of<br><input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/><br><input type="checkbox"/> Conveyed Gas <input checked="" type="checkbox"/> Condensate |  |                                     |

If change of operator give name and address of previous operator

### II. DESCRIPTION OF WELL AND LEASE

|                                                                                                                                                                                                 |                      |                                                           |                                        |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------|----------------------------------------|-----------|
| Lease Name<br><b>Lansford</b>                                                                                                                                                                   | Well No.<br><b>4</b> | Pool Name, including Formation<br><b>Eumont Yates SRQ</b> | Kind of Lease<br>State, Federal or Fee | Lease No. |
| Location<br>Unit Letter <b>0</b> : <b>1880</b> Feet From The <b>E</b> Line and <b>810</b> Feet From The <b>S</b> Line<br>Section <b>21</b> Township <b>21S</b> Range <b>37E</b> NMDM Lea 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"/><br><b>Navajo Refining Co.</b>                            | Address (Give address to which approved copy of this form is to be sent)<br><b>P.O. Drawer 159 Artesia, NM 88210</b> |
| Name of Authorized Transporter of Conveyed Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br><b>Sid Richardson Carbon &amp; Gasoline Co.</b> | Address (Give address to which approved copy of this form is to be sent)<br><b>201 Main St. Fort Worth, TX 76102</b> |
| If well produces oil or liquids, give location of tanks<br>Unit <b>0</b> Sec. <b>21</b> Twp. <b>21S</b> Rgn. <b>37E</b>                                                   | Is gas actually conveyed? <b>Yes</b> When <b>9-29-81</b>                                                             |

If this production is conveyed with that from any other lease or pool, give commingling order number:

### IV. COMPLETION DATA

|                                      |                                   |                                   |                                   |                                   |                                 |                                    |                                     |                                     |
|--------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|---------------------------------|------------------------------------|-------------------------------------|-------------------------------------|
| Designate Type of Completion - (X)   | <input type="checkbox"/> Oil Well | <input type="checkbox"/> Gas Well | <input type="checkbox"/> New Well | <input type="checkbox"/> Workover | <input type="checkbox"/> Deepen | <input type="checkbox"/> Plug Back | <input type="checkbox"/> Same Res'v | <input type="checkbox"/> Diff Res'v |
| Date Spudded                         | Date Compl. Ready to Prod.        |                                   | Total Depth                       |                                   | P.S.T.D.                        |                                    |                                     |                                     |
| Stratigraphy (DF, RES, RT, GR, etc.) | Name of Producing Formation       |                                   | Top Oil/Gas Pay                   |                                   | Tubing Depth                    |                                    |                                     |                                     |
| Performance                          |                                   |                                   |                                   | Depth Casing Shoe                 |                                 |                                    |                                     |                                     |

### TUBING, CASING AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

### V. TEST DATA AND REQUEST FOR ALLOWABLE

|                                                                                                                                                         |                                       |                                               |                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------|-----------------------|
| OIL WELL (Test must be after recovery of total volume of lead 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            |
| Volume Prod. During Test                                                                                                                                | Oil - Bbls.                           | Water - Bbls.                                 | Gas - MCF             |
| GAS WELL                                                                                                                                                |                                       |                                               |                       |
| Volume Prod. Test - MCF/D                                                                                                                               | Length of Test                        | Bbls. Condensate/MCF                          | Gravity of Condensate |
| Testing Method (glow, back pr.)                                                                                                                         | Tubing Pressure (lb/in <sup>2</sup> ) | Casing Pressure (lb/in <sup>2</sup> )         | 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.

|                                   |                              |
|-----------------------------------|------------------------------|
| <i>Mike Copeland</i>              |                              |
| Signature<br><b>Mike Copeland</b> | Production Supt.             |
| Printed Name                      | Title<br><b>505-395-3056</b> |
| Date<br><b>11-4-91</b>            | Telephone No.                |

### OIL CONSERVATION DIVISION

|               |                                                   |
|---------------|---------------------------------------------------|
| Date Approved | <b>11/4/91</b>                                    |
| By            | Orig. Signed by<br><b>Paul Kautz</b><br>Geologist |
| 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.