

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 APT No. 30-025-27396
Address P.O. Box 1206 Jal NM 88252		
Reason(s) for Filing (Check proper box) ☒ Other (Please explain) Last previous C-104 erroneously named Sid Richards on Carbon & Gasoline Co. as Transporter		
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐ Conveyed Gas ☐ Condensate ☐	
Recompletion ☐		
Change in Operator ☐		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lansford	Well No. 3	Pool Name, including Formation Penrose Skelly GB	Kind of Lease State, Federal or (P) ☒	Lease No.
Location Unit Letter 0 : 990 Feet From The S Line and 1880 Feet From The E Line Section 21 Township 21S Range 37E N.M.P.M. Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Navajo Refining Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159 Artesia, NM 88210
Name of Authorized Transporter of Conveyed Gas ☒ or Dry Gas ☐ El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492 El Paso, TX 79978
If well produces oil or liquids, give location of tanks. Unit 0 Sec. 21 Twp. 21S Rgn. 37E	Is gas actually conveyed? Yes When 10-9-81
If this production is conveyed with that from any other lease or pool, give conveying order number.	

IV. 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.B.T.D.			
Stratigraphy (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

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.)			
Time 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
Producing Method (pilot, back pr.)	Tubing Pressure (lb/in.)	Casing Pressure (lb/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.

Mike Copeland
Signature
Mike Copeland Production Supt.
Printed Name
Date **5-12-90** Title **505-395-3056**
Telephone No.

OIL CONSERVATION DIVISION

Date Approved

By

Title

Drig. Signed by
Paul Kautz
Geologist

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.