

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Texas State	Well No. 2	Pool Name, including Formation Jalmat Tansill Yates / R	Kind of Lease State, Federal or Fee	Lease No.
Location Section 16 Township 23S Range 36E NMPL Lea County				
U.S. Letter I : 1980 Feet From The S Line and 330 Feet From The E Line				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Navajo Refining Co.	or Condensate ☒	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 Conveyance Gas Sid Richardson Carbon & Gasoline Co.	or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent) 201 Main St. Fort Worth, TX 76102
If well produces oil or liquids, give location of tanks.	Unit I Sec. 16 Twp. 23S Rgn. 36E	Is gas actually connected? Yes
		When 3 ?

If this production is commingled with that from any other leases or pool, give commingling order number.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.S.T.D.		
Elevations (DF, 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.)			
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 (plug, 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.

Signature Mike Copeland Production Supt.
Printed Name Mike Copeland Title 505-395-3056
Date 11-4-91 Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____
By _____
Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.