State of New Mexico abmit 5 Copies propriate District Office Form C-104 Revised 1-1-89 Energy, Minerals and Natural Resources Department See Instructions at Bottom of Page O. Box 1980, Hobbs, NM 88240 **OIL CONSERVATION DIVISION** ISTRICT II O. Drawer DD, Antesia, NM 88210 P.O. Box 2088 Santa Fe, New Mexico 87504-2088 ISTRICT III X00 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No)perator 30-025-10781 LANEXCO, INC. ddress Jal NM 88252 P.O. Box 1206 Other (Please explain) cason(s) for Filing (Check proper box) Change in Transporter of icw Well \square Dry Gas Oil ecompletion Casinghead Gas 🗌 Condensate 🛄 hange in Operator NM 88240 P.O. Box 460 Hobbs, Inc. DESCRIPTION OF WELL AND LEASE Lease No. LC-030557 (A Kind of Lease Pool Name, Including Formation Well No. case Name Jalmat Yates Seven River State, Federal or Fee Farney A-17 2 Queen ocation 1650 West North 660 С Feet From The Line and Feet From The Line Unit Letter . Lea 36-E 23-S 17 Township NMPM County Range Section II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) lame of Authorized Transporter of Oil or Condensate Texas-New Mexico Pipeline Co. P.O. Box 1150 Midland, TX 79701 lame of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Г is gas actually connected? When ? Unit Sec. Twp. Rge. f well produces oil or liquids, ve location of tanks. NA NO this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Diff Res'v Gas Well New Well | Workover Deepen Plug Back Same Res'v Oil Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Jale Spudded Top Oil/Gas Pay Tubing Depth Name of Producing Formation levations (DF, RKB, RT, GR, etc.) Depth Casing Shoe erformions TUBING, CASING AND CEMENTING RECORD CASING & TUBING SIZE DEPTH SET SACKS CEMENT HOLE SIZE . TEST DATA AND REQUEST FOR ALLOWABLE (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.) IL WELL Producing Method (Flow, pump, gas lift, etc.) rate First New Oil Run To Tank Date of Test Choke Size Casing Pressure ength of Test **Tubing Pressure** Gas- MCF Water - Bbls Oil - Bbis. ctual Prod. During Test JAS WELL Bbis. Condensate/MMCF Gravity of Condensate Length of Test uctual Prod. Test - MCF/D Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) sting Method (pitot, back pr.) **I. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION** 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. OCT 1 2 1980

Signature Robert W. Lansford EVP				Date Approved ICCU ORIGINAL SIGNED BY JERRY SEXTON By District SUPERVISOR	
Printed Name	10-10-89	(505)	Title 395-3056	Title	
Date		Tele	phone 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.