

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1900, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT II  
P.O. Denver DD, Aztec, NM 88210

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

Operator: LANEXCO, INC. Well API No. 300-250-298-000S1

Address: P. O. Box 2730 Midland, Texas 79702

Reason(s) for Filing (Check proper box):  New Well,  Recompletion,  Change in Operator,  Other (Please explain)

Change in Transporter of:  Oil,  Dry Gas,  Casinghead Gas,  Condensate

If change of operator give name and address of previous operator: Saba Energy of Texas, Inc., 4500 W. Illinois Midland, Texas 79703

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Farnsworth "B" Federal Well No. 1 Pool Name, including Formation: Scarborough (Yates-7 Rivers) Kind of Lease: State, Federal, or Fee Lease No. LC-030180(b)

Location: Unit Letter M : 666 660 Feet From The South Line and 660 Feet From The West Line

Section 7 Township 26 South Range 37 East, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate: Shell Pipeline Company Address: P. O. Box 2648 Houston, Texas 77252

Name of Authorized Transporter of Casinghead Gas or Dry Gas: El Paso Natural Gas Company Address: P. O. Box 1492 El Paso, Texas 79978

If well produces oil or liquids, give location of tanks: Unit M, Sec 7, Twp 26S, Rgn 37E Is gas actually connected? yes When? 1934

If this production is commingled with that from any other lease 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: Data Compl. Ready to Prod. Total Depth P.B.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/MMCF: Gravity of Condensate

Testing Method (pilot, back pr.): Tubing Pressure (Shut-in): Casing Pressure (Shut-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: Tommy Phripps President  
Printed Name: Tommy Phripps Title: President  
Date: 10 July, 1989 Telephone No.: 915-687-5047

OIL CONSERVATION DIVISION

Date Approved: JUL 18 1989  
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.

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