

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Submit 5 Copies  
to appropriate District Office  
STRICTLY  
O. Box 1980, Hobbs, NM 88240

STRICTLY  
O. Drawer DD, Artesia, NM 88210

STRICTLY  
OO Rio Grande Rd., Aztec, NM 87410

Operator	Bruce A. Wilbanks Co.	Well API No.
Address	P.O. Box 763 Midland, TX 79702	
Reason(s) for Filing (Check proper box)	<input type="checkbox"/> Other (Please explain)	
New Well	<input type="checkbox"/>	
Recompletion	<input type="checkbox"/>	
Change in Operator	<input checked="" type="checkbox"/>	
Change in Operator give name and address of previous operator	Lanexco, Inc. P.O. Box 1206 Jal, NM 88252	

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Farnsworth "A" Federal	11	Scarborough Yates 7 River	State, Federal or Fee	LC-030180-A
Location	Unit Letter C : 330 Feet From The N Line and 1659.9 Feet From The W Line			
Section	Township	Range	NMPM	Lea County
18	26-S	37-E		

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input checked="" type="checkbox"/> or Condensate	Address (Give address to which approved copy of this form is to be sent)				
Shell Pipe Line Corp.		P.O. Box 1910 Midland, TX 79702				
Name of Authorized Transporter of Casinghead Gas	<input checked="" type="checkbox"/> or Dry Gas	Address (Give address to which approved copy of this form is to be sent)				
El Paso Natural Gas Co.		P.O. Box 1492 El Paso, TX 79978				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	C	18	26S	37E	Yes	?

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Deviation (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

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.)

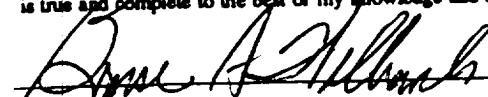
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Casing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I. 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  
Bruce A. Wilbanks - Operator  
Printed Name  
Date 4-3-90  
Telephone No. 915-682-7582

OIL CONSERVATION DIVISION

APR 5 1990

Date Approved

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.