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Appropriate District Office
DISTRICT I
P.O. Box 1980, 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 III 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		<u> TRA</u>	NSPO	<u>DRT OI</u>	_ AND NA	TURAL G						
Operator	Well API No.											
Sidney Lanier	30-025-09752											
Address	C	- T	ъ.	7FF	77 - la la -		41					
c/o Oil Reports & Gas Reason(s) for Filing (Check proper box)	Service	s, inc	•, в	0X / 00		NM 882 ner (Please expl						
New Well		Change in	Transno	rter of:		•						
Recompletion	Oil	· · ·	Dry Gas		F	Effective	11/1/9	1				
Change in Operator	Casinghead		•									
If change of operator give name	,											
and address of previous operator		•										
II. DESCRIPTION OF WELL	AND LEA	SE										
Lease Name	Well No. Pool Name, Includ							of Lease No.				
W. F. Hanagan	3 Langlie M				attix Qu (SR) \$ B			Pideraxor Fee				
Location												
Unit LetterL	_ :2	310	Feet Fro	m The So	outh Li	e and99	0 Fe	et From The	West	Line		
			_									
Section 12 Townshi	p 25	S	Range	36E	, N	MPM,	Lea			County		
III. DESIGNATION OF TRAN	SPORTEI	OF OT	I. ANT	NATTI	RAT. GAS							
Name of Authorized Transporter of Oil		or Condens	<del></del>			ve address to wh	ich approved	copy of this fo	orm is to be se	nt)		
Texas New Mexico Pipe Line Company P. O. Box 2528, Hobbs, NM 88241												
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent)											
Sid Richardson Carbon	Carbon & Gasoline Co.				1st City Bank Toower 201 Main St, FtWorth TX							
If well produces oil or liquids,	duces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When?								•			
give location of tanks.	K	12	25S	36E	L	Yes		1/5/6	4			
If this production is commingled with that	from any othe	r lease or p	ool, give	commingl	ing order num	ber:	PC-591		<del></del>	····		
IV. COMPLETION DATA		10:177-11	1 6	377-11	1 177. 19	T	1	r	γ	· ·		
Designate Type of Completion	- (X)	Oil Well	l G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready to Prod.				Total Depth	1	L	P.B.T.D.				
•	•	,										
Elevations (DF, RKB, RT, GR, etc.)	etc.) Name of Producing Formation					Top Qil/Gas Pay			Tubing Depth			
Perforations						• 4		Depth Casing Shoe				
		IDDIG (	0 4 CD 1		<u> </u>	VG BEGOD						
UOLF SIZE	TUBING, CASING AND								CACKO OFFICIAL			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT					
	<del> </del>					<del></del>			······			
							<del></del>		,			
· · · · · · · · · · · · · · · · · · ·		***						<del>                                     </del>	<del></del>			
V. TEST DATA AND REQUES	T FOR AI	LLOWA	BLE		<u></u>			<del></del>				
OIL WELL (Test must be after re	ecovery of tota	il volume oj	f load oi	l and must	be equal to or	exceed top allo	wable for this	depth or be f	or full 24 hour.	s.)		
Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)						
	m ti n				C			Choke Size				
Length of Test	Tubing Pressure				Casing Press	ire		Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF				
71000 Daing 100												
GAS WELL	<u></u>							t.		J		
Actual Prod. Test - MCF/D	Length of Te	et			Bbls, Conden	sate/MMCF		Gravity of C	ondensate			
		<b></b>							<u> </u>			
Testing Method (pitot, back pr.)	hod (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA	ATE OF (	COMPI	JANO	CE				·	······································	<del></del>		
I hereby certify that the rules and regula					(	DIL CON	SERVA	NOITA	DIVISIO	N		
Division have been complied with and that the information given above												
is true and complete to the best of my k	nowledge and	belief.			Date	Approved	1		i en tratific			
11 11 10					Orig Signed by							
herry Lake					II Davi Kaule							
Signature Donna Holler		Agen	ıt				Geologist	:				
Printed Name			Title		Title							
_10-31-91	505	-393-2			TILIO.	<del></del>						
Date		Telepi	one No.	. į								

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.