

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

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

WELL API NO. 30-025-11882
5. Indicate Type of Lease FEDERAL STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name EL PASO TOM FEDERAL
8. Well No. 9
9. Pool name or Wildcat (GAS) JALMAT TANSILL YATES SROGB

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	
2. Name of Operator LANEXCO, INC.	
3. Address of Operator P.O. BOX 1206 JAL, NM 88252	
4. Well Location Unit Letter D : 660 Feet From The N Line and 660 Feet From The W Line Section 33 Township 25S Range 37E NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3004 GL	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

6-7-93 Rigged up pulling unit. Lay down 97 joints junk tubing. Rigged up wireline. Set CIBP at 3025'. Load casing and test to 500 PSI for 30 minutes. Perforated 34 holes from 2955 to 3002. Ran a packer.

6-8-93 Acidized with 4000 gallons 15% Acid and 50 Ball sealers. Swabbed 10 Bbls. of load back. Pulled the packer.

6-9-93 Ran tubing to 3008 ft. Ran a 1½x12' pump and rods.

6-10-93 Set pumping unit and hooked up electricity and laid flowline.

6-11-93 Placed on production.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Mike Copeland TITLE PRODUCTION SUPERINTENDENT DATE JUNE 15, 1993

TYPE OR PRINT NAME MIKE COPELAND TELEPHONE NO. 395-3056

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JUN 17 1993

OGD HOBBS
OFFICE

State of New Mexico
Energy, Minerals &
Natural & Resources Dept.

Oil Conservation Division
P.O. Box 2088
Santa Fe, New Mexico 87501

Gas
Supplement
No.: SE 6606
Date: 6-29-93

NOTICE OF ASSIGNMENT OF ALLOWABLE TO A GAS WELL

The operator of the following well has complied with all the requirements of the Oil Conservation Division and the well is hereby assigned an allowable as shown below.

Date of Connection 6-11-93 Date of First Allowable or Allowable Change 6-11-93
Purchaser Sid Richardson Gasoline Co. Pool Jalpat Tansill Yates SR
Operator Lanexco Inc. Lease El Paso Tom Federal
Well No. * 9 Unit Letter D Sec. 33 Twn. 25S Rge. 37E
Dedicated Acreage * 160 Revised Acreage _____ Difference _____
Acreage Factor *1.00 Revised Acreage Factor _____ Difference _____
Deliverability _____ Revised Deliverability _____ Difference _____
A x D Factor _____ Revised A x D Factor _____ Difference _____

* #9 New Well -- shares existing 160 ac. PU
w/#5-E.

OCD Dist. No. I

CALCULATION OF SUPPLEMENTAL ALLOWABLE

Previous Status Adjustments.....

MO.	PREV. ALLOW.	REV. ALLOW.	PREV. PRCD.	REV. PROD.	REMARKS
Apr					
May					
Jun					
Jul					
Aug					
Sep					
Oct					
Nov					
Dec					
Jan					
Feb					
Mar					
Apr					
May					
Jun					
Jul					
Aug					
Sep					
Oct					
Nov					
Dec					
Jan					
Feb					
Mar					

TOTALS

Allowable Production Difference.....
Schedule O/U Status.....
Revised O/U Status.....

Effective In _____ Schedule _____
Current Classification _____ To _____

Note: All gas volumes are in MCF@15.025 psia.

William J. LeMay, Division Director

By _____



STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION
HOBBS DISTRICT OFFICE

BRUCE KING
GOVERNOR

POST OFFICE BOX 1980
HOBBS, NEW MEXICO 88241-1980
(505) 393-6161

June 18, 1993

Lanexco Inc.
ATT: Mike Copeland
P O Box 1206
Jal, NM 88252

SUBJECT: El Paso Tom Federal
#9-D, 33-25-37

Gentlemen:

We are returning the form C-103 to you. The well listed above is a federal well, and the information needs to go on the Sundry Notices & Reports on Form 3160-5. This form needs to be sent to the BLM in Carlsbad, NM.

When you recomplete a well to another pool & formation the C-104 needs to be filled out completely. We are returning the C-104, we need the information on the workover in the Jalmat Tansill Yates-SR Pool. Send this completed C-104 to the OCD, District I, Hobbs office so that we can assign an allowable to your well in the Jalmat Pool.

The C-116 is to be sent in 20-30 days after the effective date on your supplement for your allowable. This is considered your completion test.

We also need form C-102 for the #9 outlining 160 ac. dedicated to the well. Also need revised C-102 for #5, showing both #5 & #9.

If you have any questions concerning this well, please call the Oil Conservation Division, District I, (505) 393-6161.

Yours very truly,

OIL CONSERVATION DIVISION

Jerry Sexton
District I, Supervisor

JS:dp



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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.	Operator LANEXCO, INC.	Well API No. 30-025-11882
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Address
P.O. BOX 1206 JAL, NM 88252

Reason(s) for Filing (Check proper box) ☐ Other (Please explain)

New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☒
Change in Operator ☐ Casinghead Gas ☐ Condensate ☐

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name EL PASO TOM FEDERAL	Well No. 9	Pool Name, including Formation LANGLIE MATTIX SROGB	Kind of Lease State, Federal or Fee	Lease No. LC054667
Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>N</u> Line and <u>660</u> Feet From The <u>W</u> Line Section <u>33</u> Township <u>25S</u> Range <u>37E</u> .N.M.P.M. LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
SID RICHARSON CARBON & GASOLINE CO.	201 MAIN ST. FORT WORTH, TX 76102
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgn. Is gas actually connected? When?
	YES 6-11-93

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	Same Res'v	Diff Res'v
Date Spudded	Date 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 Rse 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.

Mike Copeland
Signature
MIKE COPELAND PRODUCTION SUPT.
Printed Name
6-15-93 505-395-3056
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____
By _____
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.