

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
LANEXCO, INC.

Address
P.O. Box 1206 Jal, NM 88252

Reason(s) for filing (Check proper box)
☐ New Well
☒ Recompletion
☐ Change in Ownership
 Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate
 Other (Please explain) ORIGINAL GAS MUST NOT BE
PRODUCED FROM 1-17-89
1. MUST HAVE EXCEPTION TO R-4078
10-01-1989

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Crawford State</u>	Well No. <u>3</u>	Pool Name, including Formation <u>State Line Under. ABO</u>	Kind of Lease State, Federal or Fee <u>STATE</u>	Lease No. <u>LG6135</u>
Location Unit Letter <u>N</u> : <u>510</u> Feet From The <u>West</u> Line and <u>660</u> Feet From The <u>North</u> Line of Section <u>4</u> Township <u>24-S</u> Range <u>38-E</u> , NMPM, <u>LEA</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Refining CO.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Drawer 159 Artesia, NM 88210</u>
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)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
<u>N 4 24S 38E</u>	<u>NO</u> <u>Negotiating contract</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

[Signature]
(Signature)
Executive/ Vice President
(Title)
11/23/88
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiple completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res
		X			X				
Date Spudded 1965 originally	Date Compl. Ready to Prod. 11/22/88		Total Depth 8507			P.B.T.D. 8507			
Elevations (DF, RKB, RT, GR, etc.) 3300 DF	Name of Producing Formation ABO		Top Oil/Gas Pay 8124			Tubing Depth 8200			
Perforations 8124 - 8160						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17"	13 3/8	450'	400 kss.
11"	8 5/8"	3340'	1800 sks.
7 7/8"	5 1/2"	8351'	900 sks.

V. 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 all able for this depth or bs for full 24 hours)

Date First New Oil Run To Tanks 11/17/88	Date of Test 11/18/88	Producing Method (Flow, pump, gas lift, etc.) Swab Test	
Length of Test (10 hours)	Tubing Pressure SWAB	Casing Pressure 50	Choke Size 48/64
Actual Prod. During Test 13.5	Oil - Bbls. 6.5	Water - Bbls. 20	Gas - MCF 8

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