

**OIL CONSERVATION DIVISION**

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

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

58245

Operator <b>Lanexco, Inc.</b>		Well APN No. <b>30-025-26483</b>
Address <b>P.O. Box 1206 Jal, NM 88252</b>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Other (Please explain)		
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Justis "C" Federal</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Langlie Mattix SRQGB</b>	Kind of Lease State, Federal or Fee	Lease No. <b>LC-060942</b>
Location U&L Letter <b>0</b> : <b>330</b> Feet From The <b>S</b> Line and <b>3210</b> Feet From The <b>E</b> Line Section <b>11</b> Township <b>25S</b> Range <b>37E</b> NMPM 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 Condensate Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Sid Richardson Carbon &amp; Gasoline Co.</b>	<b>201 Main St. Fort Worth, TX 76102</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <b>Yes</b> When? <b>2-25-80</b>

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)	<input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input type="checkbox"/> Diff Res'v		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RCB, 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

**VI. 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/MCF	Gravity of Condensate
Casing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

**VII. 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  
Title  
**505-395-3056**  
Telephone No

Date  
**11-4-91**

**OIL CONSERVATION DIVISION**

Date Approved **NOV 07 1991**

By **Paul Kautz**  
Orig. Signed by  
**Geologist**

Title

**FOR RECORD ONLY** **MAY 25 1993**

**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.