Subrul 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

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

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

## State of New Mexico Energy, Minerals and Natural Resources Depa ent

**OIL CONSERVATION DIVISION** P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

I		OTHA	NS	POF		AND NA	UHAL G		A DI No				
Operator Lanexco, Inc.							Well API No. 30-0				025-26483		
Address	- 1 NM	00252											
P.O. Box 1206 J. Reason(s) for Filing (Check proper box)	al, NM	88252	<u> </u>	<u> </u>		C. Oth	er (Please expl	ain)	·	· ,· .	·····		
New Well		Change in	Тпа	<b>iporter</b>									
Recompletion	Oil		Dry		M								
Change is Operator	Casinghee		Con						·		<u></u>		
I change of operator give name and address of previous operator										<u>-</u> -			
II. DESCRIPTION OF WELL	AND LEA	SE						······					
Lease Name						-			Kind of Lease State, Federal or Fee		<b></b>		
Justis "C" Federal				angl	<u>ie M</u>	attix SR	QGB						
Unit Letter	33	0	_ Feat	From	The	South Lin	and <del>32</del>	23/0 10 F	eet From The	Eas	tLine		
11	25	-S	_		3	7-Е м			I	Lea			
Section 1 Township	<u> </u>		Ranj	e		, N	MPM,				County		
III. DESIGNATION OF TRAN	SPORTE	r of o	IL A	ND	NATU	RAL GAS							
Name of Authorized Transporter of Oil		or Conde	asala			Address (Giv	e address to wi	hich approved	t copy of this j	orm is to be s	eni)		
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent										eni)			
Sid Richardson Carbon & Gasoline Co.						201 Main St. Fort Worth, Texas 76102							
If well produces oil or liquids, give location of tanks.	Ueil	Sec.	125		<b>Rge.</b> 37E	is gas actually connected? Yes		When	When ? 2-25-80				
f this production is commingled with that I													
V. COMPLETION DATA			<u> </u>										
Designate Type of Completion	- (X)	Oil Well		Ges	Well	New Well	Workover	Deepen	Piug Back	Same Res'v	Diff Res'v		
Date Spudded	Dele Comp	i. Ready to	o Prod			Total Depth		I	P.B.T.D.	<b>.</b>			
Elevations (DF, RKB, RT, GR, etc.)	GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Dep	Tubing Depth			
					<u> </u>			Death Casia	Depth Casing Shoe				
Perforations										ig since			
	T	UBING,	CAS	SING	AND	CEMENTI	NG RECOR	D			·····		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT				
									+				
					<u> </u>	· · · ·							
7. TEST DATA AND REQUES	T FOR A	LLOW		E doile	and manual	he equal to or	exceed top all	wahle for thi	e denth oe he i	for full 24 hou	472.)		
)IL WELL (Test must be after re Inte First New Oil Run To Tank	Date of Ten		0/ 100				shod (Flow, pu						
								Chalve Circ	Choke Size				
ength of Test	Tubing Pres	Tubing Pressure				Casing Pressu	16		CHORE SIZE	CINE JILE			
Actual Prod. During Test	Oil - Bbis.					Water - Bbis.			Gas- MCF	GM- MCF			
-													
GAS WELL								·					
Actual Prod. Test - MCF/D	Length of Test					Bbis. Condensate/MMCF			Gravity of Condensate				
esting Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size					
					<u>.</u>			<u>.</u>	<u> </u>				
/I. OPERATOR CERTIFICA					E			ISERV		סוצועום	אר		
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.						Date Approved							
mil Call							·FF· • · •						
Simpling						By_							
Mike Copeland Production Supt.													
Printed Name JUN 2 5 1990	505-1	395-30	Title			Title.							
Date			phone	No.									

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.

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Luter BSD - Contraction