

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) <u>Change of Operator Formerly operated by John Yuronk</u>
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner John Yuronk

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>HARRISON</u>	Well No. <u>4</u>	Pool Name, including Formation <u>Langlie Mattix, Queen</u>	Kind of Lease <u>Fee</u>	Lease N
Location <u>7 Rivers, Grayburg</u>				
Unit Letter <u>M</u> : <u>890</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>WEST</u>				
Line of Section <u>29</u> Township <u>24S</u> Range <u>37E</u> , NMPM, Lea Count				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Scurlock Oil Company</u>	<u>511 Ohio Ave W Midland, Tx 79701</u>
Name of Authorized Transporter of Casinghead 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)
<u>El Paso Natural</u>	<u>P.O. Box 1492 El Paso, Tx. 79978</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
<u>Unit L Sec. 29 Twp. 24S Rge. 37E</u>	<u>Yes Unknown</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.

Robert W. Langford
(Signature)
Executive Vice President
(Title)
12/27/88
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 30 1988, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 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 deviate 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 conditions.
Separate Forms C-104 must be filed for each pool in multiple completed wells.

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