

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Lanexco, Inc.		Well APT No. 30-025-26664
Address P.O. Box 1206 Jal, NM 88252		
Reason(s) for Filing (Check proper box) 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 Smith	Well No. 1	Pool Name, including Formation Jalmat Tansil vates 7 R	Kind of Lease State, Federal or Foreign	Lease No.
Location Unit Letter N : 990 Feet From The S Line and 1650 Feet From The W Line Section 21 Township 24 S Range 37 E , NMPM Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)	
Sid Richardson Carbon & Gasoline Co.	201 Main St. Fort Worth, TX 76102	
If well produces oil or liquids, give location of tanks.	Unit N Sec. 21 Twp. 24 S Rgn. 37 E	Is gas actually connected? Yes When? 4-80
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 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

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 Title
Date **11-4-91** Telephone No. **505-395-3056**

OIL CONSERVATION DIVISION

Date Approved _____
Signed by _____
By **Paul Kautz**
Geologist
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.

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Address P.O. Box 1206 Jal, NM 88252		
Reason(s) for Filing (Check proper box) ☐ New Well ☐ Recompletion ☐ Change in Operator ☒ Other (Please explain) Change in Transporter of: Last pervious C-104 erroneously named Sid Richardson Carbon & Gasoline Co. as Transporter.		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name El Paso Smith	Well No. 1	Pool Name, including Formation Jalmat Tansil Yates 7 R	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location Unit Letter N : 990 Feet From The S Line and 1650 Feet From The W Line Section 21 Township 24S Range 37E , NMPM Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Co.	P.O. Box 1492 El Paso, Texas 79978	
If well produces oil or liquids, give location of tanks.	Unit N Sec. 21 Twp. 24S Rge. 37E	Is gas actually connected? Yes When? 4-80
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)	☐ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v ☐ Diff Res'v		
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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

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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 Title
17-90 505-395-3056
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved *11-11-80*
By *Paul*
Title *Geologist*

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