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

DISTRICT II P.O. Drawer DD, Arlesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

OIL CONSERVATION DIVISION

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page -

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P.O. Box 2088

State of New Mexico

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inergy, Minerals and Natural Resources Depar

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

				AND NA			DI No			
Lanexco, Inc.					Well API No. 30-025-26667					
Address P.O. Box 1206	Jal, NM	88252	2							
Keason(s) for Filing (Check proper box)				Out	rt (Please expla	un)			·	
New Well	a	hange in '	Transporter of:							
Recompletion	Oil		Dry Gas							
Change is Operator	Casinghead (Gas 🔯	Condennate							
If change of operator give name and address of previous operator										
I. DESCRIPTION OF WELL										
Lease Name	W	Vell No.	Pool Name, Includ			1	of Lease Federal on Fee		aas No.	
El Paso Ruby Federal		1	Jalmat Ta	<u>nsil/7 R</u>	ivers	3600,	Federal or Fee	LC-3	2511	
Location				, 				~		
Unit LetterO)	Feet From The	South Lin	and 188	<u> </u>	et From The	East	Line	
	05.0						Tee		a .	
Section 8 Townshi	p 25-S		Range 37	<u>-е , N</u>	<u>APM,</u>		Lea		County	
II. DESIGNATION OF TRAN	SPADTED			RAL GAS						
III. DESIGNATION OF TRAIN Name of Authorized Transporter of Oil	Address (Giv	Address (Give address to which approved copy of this form is to be sent)								
	e of Authorized Transporter of Oil X or Condensate				P.O. Drawer 175 Artesia, NM 88210					
Name of Authorized Transporter of Casia	Address (Give address to which approved copy of this form is to be sent)									
Sid Richardson Carbon	of Authorized Transporter of Casinghead Gas or Dry Gas id Richardson Carbon & Gasoline Co.				n St. F	ort Wor	th, Texa	s 76102		
If well produces oil or liquids,				e. is gas actually connected? When			•			
give location of tanks.		8	25S 37E	ye	S	<u> </u>	8-80			
f this production is commingled with that	from any other	lease or p	pool, give comming	ing order numl	xer:					
V. COMPLETION DATA					. <u></u>					
Designate Type of Completion		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		1	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	tions (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Performiges		_					Depth Casing	Shoe		
		· · · · · · · · · · · · · · · · ·					L			
			CASING AND	CEMENTI		D				
HOLE SIZE			CASING AND	CEMENTI	NG RECOR DEPTH SET	D	s/	ACKS CEM	ENT	
HOLE SIZE				CEMENTI		D	s.	ACKS CEMI	ENT	
HOLE SIZE				CEMENTI		D	S/	ACKS CEMI	ENT	
HOLE SIZE						D	SJ	ACKS CEMI	ENT	
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/	CASIN T FOR AL		IBING SIZE		DEPTH SET					
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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.