



STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION
HOBBS DISTRICT OFFICE

BRUCE KING
GOVERNOR

February 22, 1993

POST OFFICE BOX 1980
HOBBS, NEW MEXICO 88241-1980
(505) 393-6161

Lanexco Inc.
ATT: Ric Flores
P O Box 2730

Midland, TX 79702

RE: CORRECTING API NUMBERS

Gentlemen:

The Oil Conservation Division has started requiring API numbers for each well on operators C-115 report. As a result of this we have discovered incorrect API numbers on some federal wells. The API number on the federal well(s) listed below does not agree with the API records on file with the Oil Conservation Division office.

LEASE NAME, #, LOCATION	INCORRECT API #	CORRECT API #
<u>Alves B #1-F, 8-21-37</u>	<u>30-025-03679</u>	<u>30-025-06436</u>
<u>El Paso Tom Federal #3-F, 33-25-37</u>	<u>30-025-26726</u>	<u>30-025-26918</u>
<u>El Paso Tom Federal #4-K, 33-25-37</u>	<u>30-025-26727</u>	<u>30-025-26919</u>

We need you as the operator of the well to file a Federal Sundry Notice (Form 3160-5) to the appropriate BLM office stating the correct API # and requesting the API # be corrected in their records. You need to advise them this corrected number was obtained for the Oil Conservation Division. Also asking for the effective date when you may start using the correct number on BLM & MMS forms. If there is any questions, please call the Oil Conservation Division, District I Hobbs, NM (505) 393-6161.

Yours very truly,

OIL CONSERVATION DIVISION

Jerry Sexton
Jerry Sexton
District I, Supervisor

JS:dp

CC: BLM, Santa Fe, well file



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

58-365

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

I.	
Operator Lanexco, Inc.	Well APN No. 30-025-26726-26918
Address P.O. Box 1206 Jal, NM 88252	
Lease(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <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 El Paso Tom Federal	Well No. 3	Pool Name, including Formation Langlie Mattix SRQGB	Kind of Lease State, Federal or Fee	Lease No. Lc-05466
Location				
Unit Letter F	2310	Feet From The N	Line and 1650	Feet From The W
Section 33	Township 25S	Range 37E	NMPM	Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texaco Trading & Transportation Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1142 Midland, Texas 79702					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Sid Richardson Carbon & Gasoline Co.	Address (Give address to which approved copy of this form is to be sent) 201 Main St. Fort Worth, TX 76102					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 33	Twp. 25S	Rgn. 37E	Is gas actually connected? Yes	When? 10-80
If this production is commingled with that from any other lease or pool, give commingling order number:						

IV. COMPLETION DATA *SID RICHARDSON CARBON & GASOLINE CO. - FR. 37/193*

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/MMCF	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
505-395-3056
Date 11-4-91 Telephone No.

OIL CONSERVATION DIVISION

Date Approved **NOV 07 1991**

By Paul Koutz Orig. Signed by
Geologist

Title _____
FOR RECORD ONLY APR 30 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.

RECEIVED

APR 26 1993

OCD HOBBS CT