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

Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brace Rd., Azzec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRA	NSP	ORT OIL	LAND	NATURAL G					
Openior Lanexco, Inc.						Well API No. 30-025- 2672 6.26918					
Address P.O. Box 1206	Jal, NM	88252				,					
Reason(s) for Filing (Check proper box) New Well Recompletion Change is Operator	Oil Casinghea	Change in	Transp Dry G Conde			Other (Please expl	lain)				
If change of operator give name and address of previous operator				····				· · ·			
II. DESCRIPTION OF WELL Less Name El Paso Tom Federal	Well No. Pool Name, Include				<u>-</u>			of Lease Faderal or Fee	1 -	Lease No. LC-05466	
Location Unit Letter F	. 231	10	. Feet F	rom The	North	Line and165	<u>0 </u>	set From The	Wes	t Line	
Section 33 Towns	hip 25S	5	Range	3	7E	, NMPM,		Lea	1	County	
III. DESIGNATION OF TRA	NSPORTE	<u> </u>		D NATU	RAL G	AS					
Name of Authorized Transporter of Oil v or Condenses 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 or Dry Gas					Address (Give address to which approved copy of this form is to be sent)						
Sid Richardson Carbo If well produces oil or liquids, tive location of tanks.	Unit	Unit Sec. Twp.			201 Main St. Fort Wo						
f this production is commingled with the	E from any oth		25S pool, gi	3.7E		Yes number:		10-	-80		
V. COMPLETION DATA		Oil Well		Ges Well	New V		Despen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion Date Spudded	1 - (X) Date Comp	N. Ready to	Prod.		Total De	puh	<u> </u>	P.B.T.D.			
					Top Oil/Gas Pay						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				1	TOP CITY	ALL PRY		Tubing Depth			
Perforations								Depth Casing	Shoe		
					CEMENTING RECORD DEPTH SET			DAGUG OFMENT			
HOLE SIZE	CAS	CASING & TUBING SIZE				DEFIN SCI			SACKS CEMENT		
						•					
/. TEST DATA AND REQUE	ST FOR A	LLOWA	RIF								
IL WELL (Test must be after				oil and must					full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tem	t .			Producing	Method (Flow, pu	mp, gas lift, e	ic.)			
ength of Test	Tubing Pres	Tubing Pressure			Casing Pressure			Choke Size			
actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbla.			Gas- MCF			
GAS WELL		· · · · · · · · · · · · · · · · · · ·						1	··	·J	
Actual Prod. Test - MCF/D	Length of T	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pilot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
/I. OPERATOR CERTIFIC I hereby certify that the rules and regu Division have been complied with and is true and complete to the best of my	lations of the C that the inform	Dil Conserv nation give	alion		Da	OIL CON	ISERV	ATION D	IVISIC	PN	
mik Cyclas					ORIGINAL SIGNED BY JERRY SEXTON By DISTRICT I SUPERVISOR						
Mike Copelan Printed Name JUN 2 5 1990		duétic 5-395-3	Title	ipt.	Tit	le					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

- 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.

John College Chillie