

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

| | |
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| LAND OFFICE | |
| TRANSPORTER | OIL |
| OPERATOR | GAS |
| PRODUCTION OFFICE | |

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
LANEXCO, INC.

Address
P.O. Box 1206 Jal, New Mexico 88252

Reason(s) for filing (Check proper box)

| | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> New Well | Change in Transporter of: | <input type="checkbox"/> Dry Gas |
| <input type="checkbox"/> Recompletion | <input type="checkbox"/> Oil | <input type="checkbox"/> Condensate |
| <input type="checkbox"/> Change in Ownership | <input type="checkbox"/> Casinghead Gas | |

Other (Please explain)
Change of operator effective 2/1/88
(well was formerly operated by Alpha
Twenty-One Production Company)

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|-----------------------------------|---------------|--|--|----------------------|
| Lease Name El Paso Tom Federal | Well No. 4 | Pool Name, including Formation (Queen) CB Langlie Mattix (Seven Rivers) | Kind of Lease State, Federal or Fee Federal | Lease No. LC05466 |
|-----------------------------------|---------------|--|--|----------------------|

Location
Unit Letter K : 1650 Feet From The South Line and 1650 Feet From The West
Line of Section 33 Township 25S Range 37E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

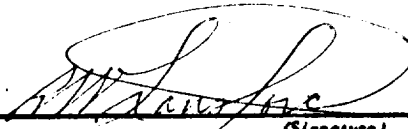
| | | |
|---|---|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Getty Trading and Transportation Company</u> | Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1142 Midland, Texas 79702</u> | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>El Paso Natural Gas Company</u> | Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1492 El Paso, Texas 79978</u> | |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. <u>E 33 25S 37E</u> | Is gas actually connected? When <u>Yes 2/81</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.


(Signature)
Executive Vice President
(Title)
February 3, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 19 1988, 19____
BY _____ Orig. Signed by
Paul Kautz
TITLE Geologist

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepener
well, this form must be accompanied by a tabulation of the deviation
tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allow-
able 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 condition.
Separate Forms C-104 must be filed for each pool in multiply
completed wells.

IV. COMPLETION DATA

| | | | | | | | | | |
|------------------------------------|-----------------------------|----------|-----------------|----------|----------|-------------------|-----------|-------------|-----------|
| Designate Type of Completion - (X) | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res |
| 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 (Test must be after recovery of total volume of load oil and must be equal to or exceed top all able for this depth or be for full 24 hours)

| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | 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 |
| Testing Method (plot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

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