DISTRIBUTION		OU CONSERV			Form C-104 Revised 10-0 Format 06-0				
SANTA PE		OIL CONSERVATION DIVISION P. O. BOX 2088				Page 1			
V.8.G.8.			EW MEXICO 8750	1					
LAND OFFICE		· · · ·							
TRANSPORTER OIL									
OPERATOR		REQUEST	FOR ALLOWABLE						
PROMATION OFFICE	AUTH	ORIZATION TO TRA	NSPORT OIL AND NA	TURAL GAS					
Operator									
LANEXCO,	TNC								
Address									
P.O. Box	1206 д	al, New Mexico	88252						
Reeson(s) for filing (Check proper	box)	II NEW MEXICO		ase esplainj					
New Well	Change	in Transporter of;	Change	of operator e	ffective 2/	1/88			
New Well Recompionian	Change X Oi		Change	of operator e was formerly o	ffective 2/ perated by	1/88 Alpha			
Change of ownership give name	⊠ 01 □ 01		Change Dry Gos (Well	of operator e was formerly o y-One Producti	perated by	1/88 Alpha			
Accompletion Change in Ownership I change of ownership give name and address of previous owner_ I. DESCRIPTION OF WELL	AND LEASE	i	Change Dry Gos (Well Condensore Twent	was formerly o y-One Production	perated by on Company)	Alpha Lease No.			
Recompletion Change in Ownership change of ownership give ner nd address of previous owner_ <u>I. DESCRIPTION OF WELL</u> BUCKSKIN FEDERAI	AND LEASE	i	Dry Gas (Well Condensate Twent	was formerly o y-One Producti	perated by on Company)	Alpha			
Recompletion Change in Ownership f change of ownership give nar- nd address of previous owner_ I. DESCRIPTION OF WELL Lesse Name BUCKSKIN FEDERAI Location	AND LEASE	i	Dry Gas Condensate Formation Tubb Drinkard	was formerly o y-One Production	perated by on Company) • Fedreal	Alpha Lease No.			
	AND LEASE Well N 2310 Feet F	i Isinghead Gas 9. Pool Name, Including Dollarhide	Change (Well Condensate Formation Tubb Drinkard	was formerly o y—One Production Kind of Lease State, Federal or Fe Feet From The	perated by on Company) • Fedreal	Lease No. NM49658			
Recompletion Change in Ownership Change of ownership give ner nd address of previous owner I. DESCRIPTION OF WELL Lesse Name BUCKSKIN FEDERAI Location Unit LetterO;	AND LEASE Weil N 2310 Feet F Township 24	i isinghead Gas i. Pool Name, Including Dollarhide rom The East i AS Range	Change (Well Condensate Formation Tubb Drinkard Line and 330 38E, NMF	was formerly o y-One Production Kind of Lease State, Federal or Fe Feet From The	perated by on Company) • Fedreal	Alpha Lease No.			
Recompletion Change in Ownership Change of ownership give ner- ind address of previous owner_ I. DESCRIPTION OF WELL Losse Name BUCKSKIN FEDERAL Location Unit LetterO;	AND LEASE Well N 2310 Feet F Township 24	i Pool Name, Including Dollarhide Trom The East I S Range F OIL AND NATUR	Change (Well Condensate Formation Tubb Drinkard Line and 330 38E , NMF	was formerly o y-One Production Kind of Lease State, Federal or Fe Feet From The PM, LEF	perated by on Company) • Fedreal South	Alpha Leose No. NM49658 County			
	AND LEASE Well N 2310 Feet F Township 24	i Pool Name, Including Dollarhide Trom The East I S Range F OIL AND NATUR	Change (Well Condensate Formation Tubb Drinkard Line and 330 38E , NMF	was formerly o y-One Production Kind of Lease State, Federal or Fe Feet From The	perated by on Company) • Fedreal South	Alpha Leose No. NM49658 County			
Recompletion Change in Ownership Change of ownership give ner nd eddress of previous owner I. DESCRIPTION OF WELL Lesse Name BUCKSKIN FEDERAL Location Unit Letter	AND LEASE Well N AND LEASE Well N 6 2310 Foot F Township 24 NSPORTER OI Oil 21 or Ling Ling	a. Pool Name, Including Dollarhide Trom The East 1 4S Range FOIL AND NATUR Condensate	Change (Well Condensate Formation Tubb Drinkard Line and 330 38E , NMF AL GAS Asdress (Give addres P.O. Box 11	Was formerly o y-One Production Kind of Lease State, Federal or Fe Feet From The PM, LEA s to which approved cop 42, Midland, Te	perated by on Company) • Fedreal South	Lease No. NM49658 County			
Recompletion Change in Ownership Change of ownership give ner nd eddress of previous owner I. DESCRIPTION OF WELL Lesse Name BUCKSKIN FEDERAL Location Unit Letter	AND LEASE Well N AND LEASE Well N 6 2310 Feet F Township 24 NSPORTER OI Oil Diright or Light for Casinghead Gae	a. Pool Name, Including Dollarhide Trom The East 1 4S Range FOIL AND NATUR Condensale 7 File and or Dry Gas []	Change (Well Condensate Formation Tubb Drinkard Line and 330 38E , NMF Aldress (Give addres P.O. Box 11 Address (Give addres	was formerly o y-One Production Kind of Leose State, Federal or Fe Feet From The Feet From The M, LEA 10 which approved cop 42, Midland, Tw 10 which approved cop	perated by on Company) • Fedreal South South exas 79702 y of this form is it	Lease No. NM49658 County			
Recompletion Change in Ownership Change of ownership give name address of previous owner I. DESCRIPTION OF WELL Lesson Name BUCKSKIN FEDERAI Location Unit Letter0_;	AND LEASE Well N 2310 Feet F Township 24 NSPORTER OI OI 21 of Lize Lize of Cosingheed Cos Gas Compar	i Pool Name, Including Dollarhide Trom The East i S Range Condensate T.Jicconi S or Dry Gas	Change (Well Condensate Formation Tubb Drinkard Line and 330 38E , NMF ALGAS Address (Give addres P.O. Box 11 Address (Give addres P.O. Box 149.	was formerly o y-One Production Kind of Leose State, Federal or Fe Feet From The PM, LEA a to which approved cop 42, Midland, Ta a to which approved cop 2, El Paso, Ta	perated by on Company) • Fedreal South South exas 79702 y of this form is it	Lease No. NM49658 County			
Recompletion Change of ownership give nar- ind address of previous owner_ I. DESCRIPTION OF WELL Lesse Name BUCKSKIN FEDERAL Location Unit Letter	AND LEASE Well N 2310 Feet F Township 24 NSPORTER OI Oil 21g Li, DC. f Cosinghood Gos Gas Compar	a. Pool Name, Including Dollarhide Trom The East 1 4S Range FOIL AND NATUR Condensale 7 File and or Dry Gas []	Change (Well Condensate Formation Tubb Drinkard Line and 330 38E , NMF Aldress (Give addres P.O. Box 11 Address (Give addres	was formerly o y-One Production Kind of Leose State, Federal or Fe Feet From The PM, LEA a to which approved cop 42, Midland, Ta a to which approved cop 2, El Paso, Ta	perated by on Company) • Fedreal South South exas 79702 y of this form is it	Lease No. NM49658 County			

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/I. CERTIFICATE OF COMPLIANCE

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hereby certify that the rules and regulations of the Oil Conservation Division have seen complied with and that the information given is true and complete to the best of ny knowledge and belief.

ANT TO
All Xanstore
(Signalwe)

Executive Vice President
(Túle)
February 2, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED_

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BY	Orig. Signed by	
	Paul Kaut: Geologist	
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This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened 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 allowable on new and recompleted wells.

Fill out only Sections 1, 11, 111, 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.

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IV. COMPLETION DATA	OII Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Dill. Resty
Designate Type of Completion		1		• •	1 1	1 1	1) }
Date Spudded	Date Compl. Ready to I	Prod.	Total Dept	h		P.B.T.D.		
Elevetions (DF, RKB, RT, GR, etc.)	Name of Producing For	mation	Top OII/G	as Pay		Tubing Dep	th	
Periorations	<u></u>					Depth Casis	ng Shoe	
	TUBING,	CASING, AN	D CEMENT	NG RECOR	>			
HOLE SIZE	CASING & TUB		DEPTH SET		S/	SACKS CEMENT		
					<u> </u>			
V. TEST DATA AND REQUEST	FOR ALLOWABLE	(Test must be able for this d	after recovery lepth or be for	of total volum full 24 hours,	ne of load of	l and muss be a	qual to or exc	eed top allou
OIL WELL Dete First New OII Run To Tanks	Date of Test		Producing	Method (Flow,	pump, gas	lift, etc.)		
Longth of Test	Tubing Pressure		Casing Pre) 6 5W9		Choke Size		
Actual Pred. During Test	Oll-Bbie.	<u></u>	Water - Bbl			Gas + MCF	<u> </u>	
	<u></u>		<u></u>					
JAS WELL	Linesh of Test		Dable Con		· · · · · · · · · · · · · · · · · · ·	Gravity of	Condenegte	

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Actual Prod. Test-MCF/D	Length of Test	Bbis, Condensate/MMCF	Gravity of Condensate
Testing Method (pitol, back pr.)	Tubing Pressure (Shut-18)	Casing Pressure (Shut-1.8)	Choke Size

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