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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
APR 14 1986
O. C. D.
ARTESIA, OFFICE

Form C-104
 Supersedes Old C-104 and C-110
 Effective 1-1-85

SI

I. Operator BRUCE A. RIGGS
 Address PO Box 322 CARLSBAD N.M. 88220
 Reason(s) for filing (Check proper box)
 New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
 Recompletion ☐ Casinghead Gas ☐ Condensate ☐
 Change in Ownership ☒

If change of ownership give name and address of previous owner Rains Production PO Box 927 CARLSBAD N.M. 88220

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Exxon State</u>	Well No. <u>2</u>	Pool Name, including Formation <u>MAGNUS YATES</u>	Kind of Lease State, Federal or Fee <u>STATE</u>	Lease No. <u>52597</u>
Location Unit Letter <u>J</u> : <u>1450</u> Feet From The <u>S</u> Line and <u>2310</u> Feet From The <u>E</u> Line of Section <u>15</u> Township <u>21</u> Range <u>27</u> , NMPM, <u>Eddy</u> 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>Navajo Refining Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO Box 1115 Artesia, N.M. 88201</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks. Unit <u>J</u> Sec. <u>15</u> Twp. <u>21</u> Rge. <u>27</u>	Is gas actually connected? <input type="checkbox"/>	When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Taking Depth					
Perforations							Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
			<u>Post ID-3</u>					
			<u>5-9-86</u>					
			<u>Chg Op</u>					

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 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 (piston, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Bruce A. Riggs
 (Signature)
OPERATOR
 (Title)
4-14-86
 (Date)

OIL CONSERVATION COMMISSION
MAY 5 1986, 19____
 APPROVED
 BY Original Signed By
Mike Williams
 TITLE Oil & Gas Inspector

This form is to be filed in the file of the well.
 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 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.