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

State of New Mexico 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 Brazos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	Т	O TRA	ANS	PORT OIL	AND NA	TURAL GA	S				
Operator	Well										
RODDY PRODUCTION COMPANY, INC.							30-045-26742				
Address											
P. O. BOX 2221, FARM	INGTON,	NM 8	749	9-2221							
Reason(s) for Filing (Check proper box)		~	т		Oi	her (Please expla	in)				
New Well		Change II	٦.	sporter of:							
Recompletion	Oil Coringheed	Gan		Gas 🔲							
Change in Operator LX If change of operator give name	Casinghead										
and address of previous operator ROI	MO CORPO	ORATI	ON.	P. O. BO	X 1785,	<u>FARMINGT</u>	CON, NM	87499-1	.785	<u> </u>	
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name Well No. Pool Name, Includin						ng Formation Kind			of Lease Lease No.		
NEWSOM						<u> </u>			rederal or Fee NMSF078433		
Location					*						
Unit Letter G	. 1620)	Fee	From The	ORTH 1.	ne and1470) E.	et From The	EAST	Line	
								at I folli The		Line	
Section 18 Township	, 26 N	ORTH	Ran	ige 8 WES	Τ, Ν	IMPM,	SAN JUA	N		County	
III. DESIGNATION OF TRAN				AND NATU	·						
Name of Authorized Transporter of Oil		or Conde	nsale		Address (Gi	ve address to wh	ich approved	copy of this	form is to be se	nt)	
Niero of Luberical Transactor of Cosina) C (CC)	111 (0)						
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX GAS COMPANY OF NEW MEXICO						Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1899, BLOOMFIELD, NM 87413					
If well produces oil or liquids,	4 1	Sec.	Tw	n Rae	Is gas actually connected? When			· · · · · · · · · · · · · · · · · · ·			
give location of tanks.	1		į · · · ,		10 6	ay commence.	"	•			
If this production is commingled with that f	rom any othe	r lease or	pool,	give commingl	ing order num	nber:					
IV. COMPLETION DATA			_								
- · - · · · · · · · · · · · · · · · · ·	an.	Oil Wel	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	<u> </u>			L	1	<u> </u>	İ	1	İ	
Date Spudded	Date Compi	. Ready t	o Pro	d.	Total Depth			P.B.T.D.			
	ļ										
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Defendance					<u> </u>	·					
Perforations								Depth Casing Shoe			
		IDDIG		6716 · 1 m	CT11 (T1) 1			<u> </u>			
	TUBING, CASING AND				CEMENT		<u> </u>				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
	-				<u> </u>						
	 							 			
	 							 			
V. TEST DATA AND REQUES	T FOR A	LLOW	ABL	Œ	<u> </u>						
-					be equal to o	r exceed top allo	wable for thi	s depth or be	for full 24 hou	rs.) · ·	
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test						lethod (Flow, pu					
Length of Test	Tubing Pressure				Casing Pressure			Choke DEC3 0 (383			
Actual Prod. During Test	Oil - Bbls.	· Bbis.				Water - Bbls.			Gas- MC		
	<u> </u>								7 (35 C) (15 C)	<u> </u>	
GAS WELL									100	i. 🥩	
Actual Prod. Test - MCF/D	Length of T	est			Bbls. Conde	nsate/MMCF		Gravity of (Condensate	·	
Testing Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
	<u> </u>	,		· · · · · · · · · · · · · · · · · · ·	\ <u></u>				, <u>.</u>		
VI. OPERATOR CERTIFIC.	ATE OF	COM	PLL	ANCE		OII	0551	471011	D.V. (1016		
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above					Date Approved <u>DEC 3 0 1993</u>						
is true and complete to the best of my knowledge and belief.					Date	e Approved	d <u>Ut</u>	<u> </u>	177J		
Kenneth S. Kosky										<u> </u>	
					By Original Signed by FRANK T. CHAVEZ						
Signature KENNETH E. RODDY			PRE	SIDENT	-						
Printed Name	-		Titl	e	Title	\$ 1,0000	WICOR D	ISTRICT:	# 3		
12/28/93				<u>325-575</u> 0	''''	·					
Date		Tel	ephon	e No.	11						

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.