District I

PO Box 1980, Hobbs, NM 88241-1980

District II

811 South First, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

State of New Mexico Energy, Minerals & Natural Resources Department

Form C-104 Revised October 18, 1994 Instructions on back Submit to Appropriate District Office

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505

5 Copies

2040 South Paci	heco, Santı	Fc, NM 87505	- ;			•				_] AME	NDED REPORT	
[REQUEST	FOR A	LLOWABI	<u>LE ANI</u>	D AU	<u> [HORI</u>	ZATI	ON TO TR	ANSP	ORT		
I. REQUEST FOR ALLOWABLE AND AUTHORIZAT **Operator name and Address** RICE OPERATING COMPANY 122 WEST TAYLOR									² OGRID Number 019174				
HOBBS,		YLOR 88240						Reason for Filing Code CO 8-1-98					
API Number 30 - 0 25-12801 SWD, SAN ANDRES							Pool Name				' Pool Code		
¹ Property Code						operty Name				096121 'Well Number			
009605		Location		M-E SWD		7.2					009		
Ul or lot no.	or lot no. Section T		Range Lot.Idn				North/Sor			East/West line		County	
M 09		20S	37E		100		S		250	250 V		25	
UL or lot no.	Bottom Section	Hole Loc		Г			T		T	1			
	Section	Township	Range	Lot Idn	Feet from	the	North/So	uth line	Feet from the	East/W	est line	County	
12 Lse Code P			ode '4 Gas Connection Date		15 C-129 Permit Number		it Number	ı ı	C-129 Effective	29 Effective Date 1' C-129 Expiration I		29 Expiration Date	
		Transport											
11 Transpoi OGRID	12 Transporter OGRID		17 Transporter Name and Address)D	³¹ O/G	²² POD ULSTR Location and Description				
037008		JENEX OPERATING				2812212		0			/tata space		
			PO BOX 308 HOBBS, NM 88241					\$ 100 m					
012426		MACLASKE	EY OILFI	ELD SERV.	INC	2812	212	0					
		PO BOX 580 HOBBS, NM 88241				C 5000000000000000000000000000000000000	212	U					
130908		PATE TRUCKING COMPANY				2812	212						
233,00		PO BOX 1008 HOBBS, NM 88241						0					
						2		<u></u>					
IV. Produ		/ater					Yenne						
23	POD			-	1	POD U	LSTR Locat	tion and I	Description				
V. Well (———— Comple	etion Data							· · · · · · · · · · · · · · · · · · ·				
	d Date				r TD	21 PBTD		3º Perfor	ations	 	on DHC, DC,MC		
31 Hole		e ³² Casing & Tul		Casing & Tubing	ng Size		ti c	Depth Se	et		34 Sacks Cement		
												3 CCascin.	
VI. Well	Test D		<u> </u>		 		<u> </u>		<u> </u>				
¹⁵ Date N			²² Gas Delivery Date		¹⁷ Test Date		³⁴ Test Length		31 Tbg. Pressure			40 Csg. Pressure	
41 Choke Size		41 Oil		49 V	43 Water		44 Gas		45 AOF		 	" Test Method	
47 I hereby cert	tify that the	rules of the Oil	Conservation E	Division have been	complied								
with and that the knowledge and Signature:	ne informati	ion given above	is true and com	aplete to the best of	of my				ONSERVAT				
Printed name:		pen u	wv			Approved by: ORIGINAL SIGNED BY CHRIS WILLIAM. Title: DISTRICT I SUPERVISOR							
Title		Ken Haste											
General Manager							Approval Date:						
4 If this is a	change of	operator fill in t		mber and name	-9174 of the previ	ious oper	stor						
1	Previou	ıs Operator Sign	aature	_		Prin	ited Name			7	ritia.	Data	

New Mexico Oil Conservation Division C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Care Control (Control Control Control

Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

- Operator's name and address 1.
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
- Reason for filing code from the following table:

 NW New Well

 RC Recompletion

 CH Change of Operator (include the effective date.)

 AO Add oil/condensate transporter

 CO Change oil/condensate transporter

 AG Add gas transporter

 CG Change gas transporter

 RET Requiset for test allowable //include volume 3.

Change gas transporter
Change gas transporter
Request for test allowable (Include volume requested) RT

If for any other reason write that reason in this box.

- The API number of this well 4.
- The name of the pool for this completion 5.
- The pool code for this pool 6.
- The property code for this completion 7
- The property name (well name) for this completion R.
- The well number for this completion 9.
- The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter.
- The bottom hole location of this completion 11.
- Lease code from the following table: 12. Federal

State

SP Fee Jicarilla

N

Navajo Ute Mountain Ute Other Indian Tribe

The producing method code from the following table: 13.

Flowing Pumping or other artificial lift

- MO/DA/YR that this completion was first connected to a 14.
- The permit number from the District approved C-129 for this completion 15.
- MO/DA/YR of the C-129 approval for this completion 16.
- MO/DA/YR of the expiration of C-129 approval for this 17. completion
- The gas or oil transporter's OGRID number 18.
- Name and address of the transporter of the product 19.
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20.
- Product code from the following table: 21.

Gas

- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD",etc.) 22.
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 23.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water 24. (Example: Tank",etc.)
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce 26.
- Total vertical depth of the well 27.
- Plugback vertical depth 28

- 31. Inside diameter of the well hore
- 32. Outside diameter of the casing and tubing
- 33. Depth of casing and tubing. If a casing liner show top and
- Number of eacks of cement used per casing string

If the following test data is for an oil well it must be from a test conducted only after t' total volume of load oil is recovered.

- 35. MO/DA/YR that new oil was first produced
- 36. MO/DA/YR that gas was first produced into a pipeline
- 37. MO/DA/YR that the following test was completed
- 38. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 39.
- 40. Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
- 41. Diameter of the choke used in the test
- 42. Barrels of oil produced during the test
- 43. Barrels of water produced during the test
- 44 MCF of gas produced during the test
- 45. Gas well calculated absolute open flow in MCF/D
- 46. The method used to test the well: Flowing Pumping Swabbing

If other method please write it in:

- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report 47.
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 48.