Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Dep.

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III				
1000 Rio Brazos	Rd.	Aziec.	NM	87410

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION I. TO TRANSPORT OIL AND NATURAL GAS Well API No. Rice Engineering Corp.

Address								
122 W Taylor, Hobb	s NM 88240				•			
Reason(s) for Filing (Check proper bo				Othe	t (Please exp	olain)		•
New Well	Chan	ge in Transpor	ter of:				bbls of Misce	.11
Recompletion Change in Operator	Oil	Dry Gas		Hydroca	rhons 1	to Jadá	on 10/30/92.	itaneous
If change of operator give name	Casinghead Gas	Condens	ate 🗌	.,, 01000		co Jauci	J 011/0/00 92.	
and address of previous operator								
II. DESCRIPTION OF WEL	L AND LEASE		·			· · - · · · · · · · · · · · · · · · · ·	<u></u>	
Lease Name o	111/11 Well 1	No. Bool Nar	ne Inclu	ding Formation?		—————		
EME WWD	"K" 13.		DHLL		7		of Lease c, Federal or Fee	Lease No.
Location	10	- 11	UMCLI	KEN I DI	<u> </u>	State	r, recersi or ree	
Unit Letter	_ : 1465	Feet From	77	(7,)	11	125	\mathcal{A}	
Section 33 Town	19	rea rior	n ine _	Line	and	W	eet From The	Line
. 1041		Range		<u>/, nm</u>	РМ,		Lea	County
III. DESIGNATION OF TRA	INSPORTER OF	OIL AND	NATI	IRAT CAS	•			County
		densate		Address (Give	address to w	hick approve	d copy of this form is to b	
Bandera Petroleum,	Inc.			P.O. E	ox 430	Hobbe	NM 88240	e seni)
Name of Authorized Transporter of Cas	linghead Gas	or Dry G		Address (Give	address to w	hich approved	copy of this form is to b	
If well produces oil or liquids,	Unit Sec.	—, <u>—</u> ,-						e seru) .
give location of tanks.		Twp.		is gas actually o		When	7 when the same of the same of	age of the
If this production is commingled with the IV. COMPLETION DATA	at from any other lease	05 5001 500		<u> </u>	<u> </u>			
IV. COMPLETION DATA	any outer least	or poor, gave a	:Omming!	ing order number	:	 		
Decision T	Oil W	ell Gas	Well	Non Mari		γ		
Designate Type of Completion	n - (X)		A C !!	New Well	Vorkover	Deepen	Plug Back Same Res	v Diff Res'v
Date Spudded	Date Compl. Ready	to Prod.		Total Depth		L		
(D.)							P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	Formation		Top Oil/Gas Pay				
Perforations							Tubing Depth	
		-			**		Depth Casing Shoe	
	77175							
HOLE SIZE	TUBING	, CASING	AND	CEMENTING RECORD			· 188	
HOLE SIZE CASING & TUBING SIZE		-	DEPTH SET			SACKS CEMENT		
								
					· · · · · · · · · · · · · · · · · · ·			
. TEST DATA AND REQUE	ST FOR ALLOW	ABLE						
IL WELL (Test must be after t	recovery of total volume	of load oil ar	rd must b	e equal to or exc	eed ton allow	ما الفسط ما المسا	depth or be for full 24 ho	
Date First New Oil Run To Tank	Date of Test	· · · · · · · · · · · · · · · · · · ·	[]	Producing Method	(Flow pum	n ear life at	aepin or be for full 24 ho	rurs.)
and at The				•	, , , , , , , , , , , , , , , , , , ,	φ, εω 191, ει	••/	
ength of Test	Tubing Pressure			Casing Pressure			Choke Size	
ctual Prod. During Test				·				
ciam Free. During Lest	Oil - Bbls.			Water - Bbls.		Gas- MCF		
NA C VICTOR I	<u> </u>						in Ab	
CAS WELL CIUM Prod. Test - MCF/D			,					
oral Field Feld MCF/D	Length of Test		E	Bbis, Condensate/MMCF			Gravity of Condensate	A SECTION OF
sting Method (pitot, back pr.)	Tubing Program (6)						oralization Containing	
ung Method (pitot, back pr.) Tubing Pressure (Shut-in)		. C	Casing Pressure (Shut-in)			Choke Size		
I OPERATOR CERTERS	1 mm on a		\·_			1		
I. OPERATOR CERTIFICAL	ATE OF COMP	LIANCE	- 11	0"	00110			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the base of				OIL CONSERVATION DIVISION				
is true and complete to the best of my to	nowledge and belief.	n above	- 11				OCT 2	
P1111 1 111				Date Ap	proved		UQJ &	~ 3Z
Dury walker				•	 .		*	
Signature Billy Walker				By Dale Menal by				
Billy Walker Printed Name	For	eman		- J 		Paul K	autz	
10.20.92	307	Tille 9174	- -	Title		Genlan	net sis	
Date			_	11116			1989 6	
	lelep	hone 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
- 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.