

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Ross Carbonics Inc.

Address Box 476, Panhandle, Texas 79068

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of: <u>CO<sub>2</sub></u>	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner E. T. Ross, Operator, new operator Ross Carbonics Inc.

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Hayoz</u>	Well No. <u>5</u>	Pool Name, including Formation <u>TUBB</u>	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter <u>J</u>	<u>1980</u> <u>660</u>	Feet From The <u>South</u> <u>North</u>	<u>1980</u> <u>660</u>	Feet From The <u>East</u> <u>West</u>	
Line of Section <u>14</u>	Township <u>19N</u>	Range <u>30E</u>	NMPM, <u>Harding</u>		County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Carbon Dioxide

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Ross Carbonics Inc. to Liquid CO<sub>2</sub> Plant</u>	<u>Box 476, Panhandle, Texas 79068</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? when
	<u>Yes</u> <u>12-1-85</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

I. CERTIFICATE OF COMPLIANCE

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

Ross Carbonics Inc.

E. J. Ross

(Signature)  
President-Operator

(Title)  
7-14-86

(Date)

OIL CONSERVATION DIVISION

APPROVED 7-18, 19 86  
BY DISTRICT SUPERVISOR  
TITLE Ray E. Johnson

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 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.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 11-2-85	Date Compl. Ready to Prod. 2-5-86	Total Depth 2200			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) 4483	Name of Producing Formation TUBB	Top Oil/Gas Pay 2008			Tubing Depth 1978				
Perforations 2008 to 2012, 2016 to 2020, 2032 to 2042, 2058 to 2062						Depth Casing Shoe 2181			

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
8-3/4	7 2-7/8	2197	500

#### 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 See note	Length of Test 48 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pact, back pr.) Flow	Tubing Pressure (Shut-in) 565	Casing Pressure (Shut-in) 0	Choke Size 3/4

First 24 hrs. 351 MCFD

2nd 24 hrs. Well picked up to 550 MCFD

Casing pressured up, sign of packer leak. Test suspended due to packer.

Pulled tubing, repaired packer and re-set packer. Well will be re-tested after production stabilizes.