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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Roddy Production Company, Inc. 36845		Well API No. 30-045-29101
Address P.O. Box 2221 Farmington, N.M. 87499 (505) 325-5750		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lucerne Federal 13929	Well No. 2	Pool Name, Including Formation W. Kutz Pictured Cliffs 79680	Kind of Lease State, Federal or Fee	Lease No. NM010063
Location Unit Letter D : 1080 Feet From The North Line and 790 Feet From The West Line Section 17 Township 28N Range 11W, NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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)					
El Paso Natural Gas 2816875	P.O. Box 4990 Farmington, NM 87499-4990					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					Y	04/30/94

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 Res'v	Diff Res'v
		X	X					
Date Spudded 04/05/94	Date Compl. Ready to Prod. 04/24/94		Total Depth 1715		P.B.T.D. 1669			
Elevations (DF, RKB, RT, GR, etc.) 5583' GR	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 1556		Tubing Depth 1595			
Perforations 1558 - 74 1578 - 84 1586 - 1602					Depth Casing Shoe 1713			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
8.5	7" 20#		217		74.8 CF CL 'G' & Additives			
6 1/4	4 1/2" 10.5#		1713		248 CF 50/50 Poz & Additives			
	2 3/8		1595		57.5 CF CL 'G' + Additives			

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL

Actual Prod. Test - MCF/D NF	Length of Test N/A	Bbls. Condensate/MMCF N/A	Gravity of Condensate N/A
Testing Method (pilot, back pr.) N/A	Tubing Pressure (Shut-in) 339	Casing Pressure (Shut-in) 361	Choke Size N/A

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature Kenneth E. Roddy
Printed Name Kenneth E. Roddy Title President
Date 05/03/94 Telephone No. (505) 325-5750

OIL CONSERVATION DIVISION

Date Approved MAY - 3 1994

By Original Signed by CHARLES GHOLSON

Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

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.