

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RIO PETRO, LTD.

Address  
4835 LBJ Freeway, Suite 635, Dallas, Texas 75234

|                                         |                                              |                           |                                                              |
|-----------------------------------------|----------------------------------------------|---------------------------|--------------------------------------------------------------|
| Reason(s) for filing (Check proper box) |                                              | Other (Please explain)    |                                                              |
| New Well                                | <input checked="" type="checkbox"/> re-entry | Change in Transporter of: |                                                              |
| Recompletion                            | <input type="checkbox"/>                     | Oil                       | <input type="checkbox"/> Dry Gas <input type="checkbox"/>    |
| Change in Ownership                     | <input type="checkbox"/>                     | Casinghead Gas            | <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

|                      |          |                                |                                |       |
|----------------------|----------|--------------------------------|--------------------------------|-------|
| Lease Name           | Well No. | Pool Name, Including Formation | Kind of Lease                  | Lease |
| O'Connell Ranch Unit | 10       | Wildcat Santa Rosa             | State, Federal or Fee Unitized |       |
| Location             |          |                                |                                |       |
| Unit Letter          | A        | 519                            | Feet From The North Line and   | 506   |
| Line of Section      |          | 15                             | To Township                    | 11N   |
| Range                |          | 25E                            | , NE1/4, Guadalupe             |       |

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                  |                                                                          |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Navajo Refining Co.                                                                                              | P. O. Drawer 159, Artesia, N. M. 88210                                   |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>    | Address (Give address to which approved copy of this form is to be sent) |

|                                                             |      |      |      |      |                            |      |
|-------------------------------------------------------------|------|------|------|------|----------------------------|------|
| If well produces oil or liquids,<br>give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|                                                             | A    | 15   | 11N  | 25E  |                            |      |

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

## COMPLETION DATA

|                                    |                                   |          |                 |          |                   |           |             |          |
|------------------------------------|-----------------------------------|----------|-----------------|----------|-------------------|-----------|-------------|----------|
| Designate Type of Completion - (X) | Oil Well                          | Gas Well | New Well        | Workover | Deepen            | Plug Back | Same Res't. | Diff. P. |
|                                    | X                                 |          |                 |          |                   |           |             |          |
| Date Spudded                       | Date Compl. Ready to Prod.        |          | Total Depth     |          | P.B.T.D.          |           |             |          |
| 11-14-80                           | 5-2-81                            |          | 515'            |          |                   |           |             |          |
| Elevations (DT, FKB, RT, GK, etc.) | Name of Producing Formation       |          | Top Oil/Gas Pay |          | Tubing Depth      |           |             |          |
| 4582.0 GR                          | Santa Rosa                        |          |                 |          | 429'              |           |             |          |
| Perforations                       | 415-439; 442'; 445-457'; 459-475' |          |                 |          | Depth Casing Shoe |           |             |          |
|                                    |                                   |          |                 |          | 512'              |           |             |          |

## TUBING, CASING, AND CEMENTING RECORD

|           |                      |           |              |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 11"       | 8 5/8"               | 30'       | 14           |
| 7 7/8"    | 4 1/2"               | 512'      | 240          |
|           | 2 3/8"               | 429'      |              |

## TEST DATA AND REQUEST FOR ALLOWABLE (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.) |            |
| 3-4-82                          | 5-4-84          | Pumping                                       |            |
| Length of Test                  | Tubing Pressure | Coring Pressure                               | Choke Size |
| 24 hours                        | 35 PSIG         |                                               |            |
| Actual Prod. During Test        | Oil - Bbls.     | Water - Bbls.                                 | Gas - MCF  |
| 3 bbls.                         | 2               | 1                                             | 0          |

## GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D        | Length of Test            | Bbls. Condensate/MCF      | Gravity of Condensate |
|                                  |                           |                           |                       |
| Flowing Method (prior, back pr.) | Tubing Pressure (Shut-in) | Coring Pressure (Shut-in) | Choke Size            |
|                                  |                           |                           |                       |

## 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.

Charles C. Joy

Agent

8-20-84

## OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

DISTRICT SUPERVISOR

This form is to be filed in compliance with rules 1-10.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the flow tests taken on the well in accordance with rule 1-11.

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

Fill out only Sections I, B, III, and VI for changes of well name or number, or transporter or other such change of conditions. Form O-104 must be filed for each pool in each