iubmit 5 Copies \ppropriate District Offics)ISTRICT I '.O. Box 1980, Hobbs, NM 88240

DISTRICT II
1.0. Drawer DD, Artesia, NM 88210

State of New Mexico

____gy, Minerals and Natural Resources Department

RECEIVED

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

1-89 CVA

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

MAY 2 0 1992

DISTRICT III		_	ila re, new					C. L. D.			
000 Rio Brazos Rd., Aziec, NM 87410			OR ALLOW					maler Ja	Mg F 200		
•		TO TRA	NSPORT (OIL AND	NAT	TURAL GA	\S	API No.			
Operator		/					Well		5-02107		
Rainbow Energy Corpora	tion										
Address 2610 Camarie , Mid	land,	Tevac	79705								
Reason(s) for Filing (Check proper box)	Tana,	TCAGO	17109		Othe	x (Please expla	in)				
New Well		Change in	Transporter of:								
Recompletion	Oil		Dry Gas								
Change in Operator	Casinghea	d Gas 🔲	Condensate [
f change of operator give same D1	ains P	etrole	ım Operat	ing Cor	npan	y, 415 V	V. Wall	, Suite	1000, Mi	dland, 7	
ma societis of previous operator										79701	
I. DESCRIPTION OF WELL.	AND LE	ASE Well No.	Pool Name, Is	chutina Form			Kind	of Lease	J.	ase No.	
Lesse Name Humble Thomas State		1	Artesia			Field		Federal or Fe			
Location		L	l							<u> </u>	
R	•	560	Feet From The	North	lin	1980)	eet From The	East	Line	
Unit Letter	- · 	, 		·							
Section 9 Township	18		Range 28		, N	MPM,	Eddy			County	
II. DESIGNATION OF TRAN	SPORTE			TURAL (AS	a address to w	hich approve	d come of this f	orm is to be se	nt)	
Name of Authorized Transporter of Oil		or Conden	sace						tesia, N		
Navajo Refining Comp		<u> </u>	or Dry Gas C								
Name of Authorized Transporter of Casinghead Gas X or Dry Gas CPM Cas Corp.					Address (Give address to which approved copy of this form is to be sent) 430 HS&S Bldg Bartleville OK 74004						
GPM Cas COIP. If well produces oil or liquids, Unit Sec. Twp. R					Is gas actually connected? When						
give location of tanks.	В	9			Yes						
If this production is commingled with that	from any of	her lease or	pool, give com	ningling orde	(2000)	ber:					
IV. COMPLETION DATA											
Designate Type of Completion	- (X)	Oil Well	Gas We	il New	Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pl. Ready to	Prod.	Total	Depth	<u> </u>		P.B.T.D.	J	_ <u> </u>	
Date Spinored	Date Company in 1100				1						
Elevations (DF, RKB, RT, GR, etc.)	Name of	Top O	Top Oil/Gas Pay			Tubing Dep	Tubing Depth				
	·										
Perforations								Depth Cas	ng Shoe		
						NO DECOL	10	_1			
	TUBING, CASING AND CASING & TUBING SIZE								SACKS CEMENT		
HOLE SIZE	C/		DEPTH SET				14.7 70-3				
					 				7-17-53		
									the of		
									7/		
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABLE								
OIL WELL (Test must be after t	recovery of	total volume	of load oil and	must be equ	र्थ १० ०	exceed top all	lowable for 1	his depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of T			Produc	ing M	lethod (Flow, p	nump, gas lift.	, etc.)			
								Choke Size	· · · · · · · · · · · · · · · · · · ·		
Length of Test	Tubing P	SILESSI		Casing	Press	ure		Choice Size	Circle Star		
		Water	Water - Bbis.				Gas- MCF				
Actual Prod. During Test	Oil - Bbis	t.		A WEL	- pou	5					
	<u> </u>			l							
GAS WELL				1811		ANICE		Carrier	Condensate		
Actual Prod. Test - MCF/D	Length of Test			Hole.	Bbls. Condensate/MMCF				Gravity of Condensate		
		Catin	Casing Pressure (Shut-in)			Choke Size	Choke Size				
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)				C====	and transfer on the						
			DI TANCE								
VI. OPERATOR CERTIFIC					1	OIL CO	NSER\	/ATION	DIVISIO	NC	
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.	. =		Date	e Approvi	ed ,	SEP - 8	1993		
<i>\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ </i>	1/	11	7) 1		Jail	o whhinai	··		1		
/ lusa	K.	IUL	1914	_	p.,			יוטאוכט פי	,		
Signature			Λ	11	By_	- OF	HGINAL S	HGNED BY			

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Signature Teresa K.

Printed Name

May 13,

Date

Wright

1993

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

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

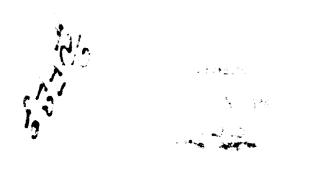
915

Title

Telephone No.

685-3328

- 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.



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