bmil 5 Copies propriate District Office STRICT 1		En _{se} y, Mi	State of Ne inerals and Natu		Mexico al Resources Department		VED	Revised 1-1 See Instruct	Form C-104 Revised 1-1-89 See Instructions	
STRICT 1 D. Box 1980, Hobbs, NM 88240			ONSERVA	TION D	IVISION	IMBY 2	0 1992	al Bottom o	f Page	
STRICT II D. Drawer DD, Antesia, NM 88210			P.U. D(JX 2000			L. D.			
			ta Fe, New Me				a grad f			
00 Rio Brazos Rd., Aztec, NM 87410	rnt. GA	UEST FO	RALLOWAE			ATION				
peralor			NSPORT OIL	AND NAT	UHAL GAG	Well Al				
Rainbow Energy Corporation					30-015-0)2566		
detress	idland,	Texas	79705							
2610 Camarie , M eason(s) for Filing (Check proper box				Othe	r (Please explain	i)	_	·		
lew Well	Oil		Transporter of: Dry Gan							
hange in Operator	Casinghe	ead Gas 🔲	Condennate			. <u></u>				
change of operator give name ad address of previous operator	Plains H	Petroleu	um Operatin	ng Compan	<u>y, 415 W</u> .	Wall.	<u>Suite l</u>	000, Mi	<u>dland, 1</u> 79701	
. DESCRIPTION OF WEL	L AND LE	EASE				Kind o	() and	lea	E No.	
Levers State		Well No. 13	Pool Name, Includ Artesia-Qu	ueen GSA	Field		ederal or Fee	70	3 (2)	
Levers State	<u> </u>							Fact		
Unit Letter0	:	992	Feet From The	South Line	and	Fee	t From The _	East	Line	
Section 4 Town	uship 18S	;	Range 28E	, NA	ирм,	Eddy			County	
	NCDODT	<u>ም</u> ጽ ባድ ባ፣	I. AND NATT	IRAL GAS						
II. DESIGNATION OF TRA vame of Authorized Transporter of Oi	I X	or Coudeau		Address (UIA	e address to whi	ch approved	copy of this fo	rm is to be sent) 111 88211	
Navajo Refining Com	pany		or Dry Gas	501 E.	Main, P.	C. DWK.	copy of this fo	rm is to be sent)	
Name of Authorized Transporter of Ca	angoese Car	ليسا 								
If well produces oil or liquida,	Unit 0	Sec.	Twp. Rge. 185 28E	Is gas actuall No	y connected?	When	7			
ive location of lanks. This production is commingled with t				ling order num	ber:					
V. COMPLETION DATA				New Well		Deepen	Phue Back	Same Res'v	Diff Res'v	
Designate Type of Completi	on - (X)	Oil Well	Gas Well	İ	Hukotti	2		l	L	
Date Spudded	Date Co	mpl. Ready to	Prod.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	(T. GR. etc.) Name of Producing Formation			Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
					L			Depth Casing Shoe		
Perforations							<u> </u>			
		TUBING, CASING AND						SACKS CEMENT		
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			Port ID-3		
								9-17-98		
								mg 7		
V. TEST DATA AND REQ	JEST FOR	ALLOW.	ABLE	<u></u>			·	for full 24 hours	• 1	
OIL WELL (Test must be aj	ter recovery of	of ioial volume	of load oil and mu	Ist be equal to o Producing N	r exceed top allo lethod (Flow, pu	mp, gas lift,	elc.)		··/	
Date First New Oil Run To Tank	Date of	ICH					Choke Size	· · · · · · · · · · · · · · · · · · ·		
Length of Test	Tubiag	Tubiag Pressure			Casing Pressure					
Actual Prod. During Test	Oil - B	Oil - Bbls.			Water - Bbla.			Gaa- MCF		
									<u> </u>	
GAS WELL				Bhis Course	asterMMCF		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length	Length of Test			Casing Pressure (Shut-in)			Choke Size		
Testing Method (pilot, back pr.)	Tubing Pressure (Shua-in)			Casing Pres						
VI. OPERATOR CERTI			PIJANCE							
t hamby certify that the rules and	regulations of	the Oil Conse	rvation		OILCON				//N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date ApprovedSEP - 8 1993					
	\mathcal{V}	`	<u>^</u>		a whhi ove	·····	_			
Thisa K. Wight					ByORIGINAL SIGNED BY					
Signature O Agent					MIKE WILLIAMS					
Printed Name May 13, 1993		915	Tille 685-3328	. Title	9 <u>SU</u>	PERVISU	יוטע, רויי	·····		
Date		Te	lephone No.		<u></u>					

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.