ibmit 5 Copies pyropriate District Office ISTRICT I O. Box 1980, Hobbs, NM 88240

State of New Mexico Er , Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

ISTRICT II O. Drawer DD, Arlesia, NM \$8210

ISTRICT III 100 Rio Brazos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

perator							Well	W. Har				
Rainbow Energy Corpo	ration		~ 					30 <u>-015-1</u> 0	0630			
Adress		_										
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w Well	Oil	Change in	Dry Gas									
ecompletion \square	Caninghe	-d Gar ☐	Condens									
thange of operator give name	<u>`</u> _				ng Compan	/.15	U Ual	1 Cuito	1000			
address of previous operator		errore	иш Оре	eratin	ig Compar	ıy 415	w. wai	I, Sulte	1000,	Midland,		
DESCRIPTION OF WELL	L AND LE	ASE								7970		
ease Name		Well No.	Pool Nan	ne, Includi	ing Formation			of Lease Federal or Fee	1 -	ease No.		
Resler Yates State		341	Arte	sia -	Oueen (SSA Field	State,	reactal or rec	- 0.	47		
ocation 31		000		c	outh.	1650	١		Mont			
Unit Letter N	: 	990	Feel Fron	m The	Lin	e and1650	<u></u> Fo	et From The _	West	Line		
5. wins 29 Towns	18		Dance	28	. 121	мрм,	Eddy			County		
Section Towns	nip		Range		1/4	чгм,				COURTY		
DESIGNATION OF TRA	NSPORTE	R OF O	IL AND	NATU	RAL GAS							
me of Authorized Transporter of Oil	DESIGNATION OF TRANSPORTER OF OIL AND NATURA						Address (Give address to which approved copy of this form is to be sent)					
Navajo Refining Com	ipanÿ	x u content			501 E. Main, P.O.Drawer 159, Artesia, N.M. 8					N.M. 882		
me of Authorized Transporter of Casi	inghead Gas		or Dry G	# [Address (Giv	e address to wh	ich approved	copy of this fo	rm is to be se	ent)		
					<u> </u>							
vell produces oil or liquids,	Unit				is gas actually connected? When			7				
location of tanks.	N	$\lfloor \frac{21}{21} \rfloor$	18	28		No						
is production is commingled with the	at from any oth	er lease or	pool, give	comming	ling order num	ber:						
COMPLETION DATA							_ 	· · ·		- Fize		
Designate Type of Completion	n - (X)	Oil Well	Ca	s Well	New Well	Workover	Deepen	Plug Back	Same Rea'v	Diff Regy		
		pl. Ready to	, Bood		Total Depth	L	i	P.B.T.D.				
te Spudded	Date Com	pi. Kemiy w	riou		1000			r.b.1.D.		1		
vations (DF, RKB, RT, GR, etc.)	Name of F	roducing Fo	ormation		Top Oil/Gas Pay			Tubing Depth				
YESOUS (DP, KKB, KI, OK, BC)	100001 <u>1</u>	orang i orani						" '				
forations					l			Depth Casing	Shoe			
	7	TUBING,	CASIN	G AND	CEMENTI	NG RECOR	D					
HOLE SIZE	CA	CASING & TUBING SIZE				DEPTH SET			ACKS CEM	ENT		
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TEST DATA AND REQUI					h			. dansk om ka f	+ 6JI 24 hou	er 1		
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ogth of Test	Tubias Pro	Tubing Pressure			Casing Pressu	ire		Choke Size				
agus or see	, uotog i i											
ual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF				
A C WELL			·-· ·· ·· ·									
AS WELL usal Prod. Test - MCF/D	Length of	Test			Bbis, Conden	sate/MMCF		Gravity of Co	ondensale			
MEN FROM TEXT - MCT/D	Langui or	Leagur of Teat										
ing Method (pitot, back pr.)	Tubing Pre	ubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
and traceron (house, parts).		-	•									
OPERATOR CERTIFIC	CATEOE	COMB	DI IANIC		1							
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Signature Townson V. Hanischt		U	1		By_	O: II G J	NAL SIGI	VED BY				
Teresa K. Wright			Agen Title	1 C		MIKE	NILLIAMS	3				
Printed Name May 13 1003		٥	110e 15 685	_	Title	SUPER	HVISOR,	DISTRICT	!!			
<u>May 13, 1993</u> Date			phone No.		11							
			, ,		11							

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.