9 Submit 5 copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240 DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

					Hall	API No.:	30-045	-09278			
	Nichols Co					API NO					
ess of Operator: P.O.	Box 1237, D	urango,	Colorado	81302-	1237						
on(s) for Filing (check pro	per area):		Other (p			of:					
well:				Change 1	n Transporter	Dry Gas	:				
ompletion: resinghead Gas:					Condensate:						
nge in Operator: X										•	
change of operator give name address of previous operato	or: RIBCKMO			Ltd.							
DESCRIPTION OF	10.:	Pool Name, Including rolling				Kind Of Lease State, Federal Or Fee: 078615					
se Name: theast Blanco Unit	103	В	(a) LO HE								
ATION Unit Letter: N; 1090 f	t. from the	South (ine and 1	550 ft.							
300000	ownship: 30N		nge: 84 ,		County: San						
II. DESIGNATION O	F TRANS	PORTI	R OF	OIL I	AND NATUE	CAL GAS	5	90000	ved copy of	this form.)	
me of Authorized Transporter of Oil: or Condensate: A					P.O.	Address (Give address to send approved copy of this form.) P.O. Box 12999, Scottsdale, AZ 85267 Address (Give address to send approved copy of this form.)					
me of Authorized Trnsptr of	Casinghead	Gas:	or Dry G	as: X	Address (Give	address t Rox 990.	o seno Farming	approv I ton, l	M 87499		
El Paso Natural Gas						P_O_ Box 990, Farmington, NM 87499 Is gas actually connected? Yes When? 4/58					
ve location of tanks.	well produces oil or liquids, office and the second					mmingling	order N	umber:			
f this production is comming	ed with tha	t from a	ny otner	(ease of	poor, 5						
V. COMPLETION DA	ra							le	Same Res'v	Diff Res'	
		ll Ga	s Well	New Wel	ll Workover	Deepen	Plug B	ack	Salle Kes V		
esignate Type of Completion (X) Oil Well Gas Well New Well ote Spurided: Date Compl. Ready to Prod.:						Total Dep	th:		P.B.T.D.:		
ate Spudded: Date	: Compl. Rea	dy to Pr	od.:								
levations (DF, RKB, RT, GR,	etc):	Name o	f Produci	ing Forma	ation:	Top Oil/G	ias Pay:	i	Tubing be	p	
						Depth Cas	ing Sho	oe:			
Perforations:											
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V. TEST DATA AND OIL WELL (1)	at muct he	after re	covery o	total ,	AOLONE OL COM	oil and m	ust be	į	<u>.</u> %-0		
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	est must be or this dep	after re	for full	total ,	Producing (Flow, pu	Method: mp, gas, l					
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Telephone No.: (303) 247-0728

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 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.