

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Ross Carbonics Inc.

Address Box 476, Panhandle, Texas 79068

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

If change of ownership give name and address of previous owner E. T. Ross, Operator - New operator, Ross Carbonics Inc.

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Hayoz</u>	Well No. <u>2</u>	Pool Name, Including Formation <u>TUBB</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location				
Unit Letter <u>E</u>	<u>1980</u>	Feet From The <u>North</u>	Line and <u>660</u>	Feet From The <u>West</u>
Line of Section <u>12</u>	Township <u>19N</u>	Range <u>30E</u>	NMPM, <u>Harding</u>	County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Carbon Dioxide Gas

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Ross Carbonics Inc. to</u> <u>Ross Carbonics Inc.</u>	<u>Liquid CO₂ Plant</u> <u>Box 476, Panhandle, Texas 79068</u>
I well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>Yes</u> <u>12-1-1985</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

I. 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 is true and complete to the best of my knowledge and belief.

Ross Carbonics Inc.

E. J. Ross
(Signature)

President-Operator
(Title)

7-14-86
(Date)

OIL CONSERVATION DIVISION

APPROVED 7-18, 19 86

BY Roy E. Johnson
TITLE DISTRICT SUPERVISOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Carbon Dioxide

Designate Type of Completion - (X)		Oil Well	Gas Well CO ₂	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 2-10-80	Date Compl. Ready to Prod. 1-30-84		Total Depth 2273		P.B.T.D.				
Elevations (DF, RKB, RT, CR, etc.) 4540	Name of Producing Formation TUBB		Top Oil/Gas Pay 2030		Tubing Depth 2010				
Perforations 2028 to 2032, 2050 to 2071							Depth Casing Shoe 2136		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET	SACKS CEMENT				
7-7/8	5-1/2 to 2-7/8			2136	500				

V. 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.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF	

AS WELL Carbon Dioxide

Actual Prod. Test - MCF/D 877 MCFD	Length of Test 72 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) flow	Tubing Pressure (Shut-in) 570	Casing Pressure (Shut-in) 0	Choke Size 3/4

Bridge Plug set at 2077.