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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

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

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator RONADERO COMPANY, INC.	
Address P. O. BOX 430, ROSWELL, NEW MEXICO 88201	
Reason(s) for filing (Check proper box)	Other
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
Casinghead Gas MUST NOT BE FLARED AFTER 11/12/84 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.	

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name ROB-CLAY STATE	Well No. 1	Pool Name, including Formation CAPROCK PENN EAST	Kind of Lease State, Federal or Fee STATE	Lease No. B9948
Location Unit Letter F : 1980 Feet From The WEST Line and 1650 Feet From The NORTH Line of Section 23 Township 12S Range 32E, NMPM, LEA County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> NAVAJO REFINING	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 159, ARTESIA, NEW MEXICO 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? NO When

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.

VI. 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.

RONADERO COMPANY, INC.
by: Robert W. Hanagan
Robert W. Hanagan (Signature)
VICE PRESIDENT
(Title)
9-17-84
(Date)

OIL CONSERVATION DIVISION
SEP 25 1984
APPROVED
BY ORIGINAL SIGNED BY JERRY SEKTON
DISTRICT SUPERVISOR
TITLE

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 allow-
able 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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'y.	Diff. Res'y.
		X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
3/17/84	9/12/84		11,210'			11,205'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
4,353' DF	Penn		10,318'			11,195'			
Perforations						Depth Casing Shoe			
10,318'-10,342'						11,210'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2		13-3/8		378'		425 sx			
12-1/4		8-5/8		3,560'		1,550 sx			
7-7/8		5-1/2		11,210'		650 sx			

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.)	
9/12/84	9/16/84	Swab	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
12 hrs	0	0	N/A
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
312 bbls	216 bbls	96	TSTM

AS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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SEP 19 1984

IN THE OFFICE