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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

CASINGHEAD GAS MUST NOT BE  
FLARED ANYWHERE  
UNLESS AN EXCEPTION TO R-4070  
IS OBTAINED.

I. Operator  
RONADERO COMPANY, INC.

Address  
P. O. BOX 430, ROSWELL, NEW MEXICO 88201

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) <i>Correction</i>
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	

If change of ownership give name  
and address of previous owner

II. 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 Free 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

III. 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 G. Hanagan*  
Robert G. Hanagan (Signature)  
President  
(Title)  
9-27-84  
(Date)

OIL CONSERVATION DIVISION

APPROVED **OCT - 3 1984**, 19  
BY *ORIGINAL SIGNED BY*  
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'v.	Diff. Res'
		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
24 hrs	0	0	N/A
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
624 bbls	432 bbls	192 bbls	TSTM

GAS WELL

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

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