

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PERMITS 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 RONADERO COMPANY, INC.	
Address P. O. Box 430, Roswell, New Mexico	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Gas Line Connection
Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name RONALTO	Well No. 1	Pool Name, including Formation Caprock Penn East	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter <u>K</u> <u>1650</u> Feet From The <u>WEST</u> Line and <u>2310</u> Feet From The <u>SOUTH</u> Line of Section <u>14</u> Township <u>12S</u> Range <u>32E</u> , NMPM, <u>LEA</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>Dawson Refining Co.</u>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1150, Midland, Texas 79702
If well produces oil or liquids, give location of tanks. Unit <u>K</u> Sec. <u>14</u> Twp. <u>12S</u> Rge. <u>32E</u>	Is gas actually connected? <u>Yes</u> When <u>12-4-84</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.

VI. CERTIFICATE OF COMPLIANCE

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.

Robert W. Hanagan  
(Signature)  
Robert W. Hanagan Vice President  
(Title)  
12-4-84  
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC - 7 1984, 19  
BY ORIGINAL SIGNATURE  
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 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.

COMPLETION DATA

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
X									
Date Spudded		Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
8/18/84		10/9/84		10,560'			10,602'		
Elevations (DF, RKB, RT, GR, etc.,		Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
4347' GR		PENN		10,460'			10,405.6'		
Perforations							Depth Casing Shoe		
10,460' to 10,472'							10,560'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	355'	400 SXS
12 1/4	8 5/8	3,650'	1,800 SXS
7 7/8	5 1/2	10,560'	900 SXS
-	2 3/8 (tub)	10,405.6'	-

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lost 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 10/9/84	Date of Test 10/9/84	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 500#	Casing Pressure 200#	Choke Size 22/64
Actual Prod. During Test 381	Oil - Bbls. 340	Water - Bbls. 41	Gas - MCF 890,000 MCFGPD

AS WELL

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

RECEIVED

DEC -6 1984