## District I

PO Box 1980, Hobbs, NM 88241-1980

District II

811 South First, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

## State of New Mexico Energy, Minerals & Natural Resources Department

Form C-104 Revised October 18, 1994 Instructions on back Submit to Appropriate District Office 5 Copies

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505

District IV	6 4 1		-		•					<u> </u>	AME	NDED REPORT		
2040 South Paci			FOR AT	LOWARI	E AND	) ATIT	THORT	7.ATT(	ገለ ፐብ ፕፑ	A NSP	ЭРТ			
REQUEST FOR ALLOWABLE AND AUTHORIZATION OPERATING COMPANY  RICE OPERATING COMPANY									**************************************					
122 WEST TAYLOR HOBBS, NM 88240									Reason for Filing Code CO 8-1-98					
<sup>4</sup> API Number <sup>5</sup> F						ool Name				*Pool Code				
7 Property Code						perty Name				' Well Number				
009615		E SWD P						025						
II. 10 S Ul or lot no.	Surface Section	Location	Range	Lot.Idn	Feet from t	he	North/So	uth Line	Feet from the	East/W	est line	County		
P 25		185	18S 37E		330		S		330	E 25		-		
<sup>11</sup> I	Bottom :	Hole Loca	ole Location											
UL or lot no.			Range	Lot Idn	Feet from	the	North/S	outh line	Feet from the	East/West line		County		
12 Lse Code S			Code 4 Gas Connection Date		e C-129 Permit Num		Number	1	C-129 Effective Date 17 C-12		129 Expiration Date			
III. Oil ai	nd Gas'	Transporte	rs											
11 Transpor	ניי ד	17 Transporter Name and Address			<sup>21</sup> POD <sup>21</sup> O/G				22 POD UI	LSTR Lo Descriptio				
037008		JENEX OPERATING			2	2809386		0						
**************************************		O BOX 308 OBBS, NM 88241				2009300								
····			LASKEY OILFIELD SERV.			- 2809386								
30000000000000000000000000000000000000		PO BOX 58 HOBBS, NM	BOX 580											
130908 PATE TR			RUCKING COMPANY			2809386								
		PO BOX 10 HOBBS, NM	BOX 1008 BBS, NM 88241			7 7								
									·					
IV. Prod	uced W	ater			Economic		•		4			<del> </del>		
23	POD		-		24	POD UL	STR Loca	tion and I	Description					
V. Well	Comple	tion Data												
25 Spud Date		24 R	24 Ready Date		" TD		" PBTD		29 Perforations		" DHC, DC,MC			
-		32 Casing & Tubing Size			<sup>33</sup> Depth S			et	· · · · · ·	34 Sac	ks Cement			
		<del></del>			<del></del>	_								
VI. Well	Test D	ata				1		·	L			<del></del>		
35 Date New Oil		34 Gas De	34 Gas Delivery Date		27 Test Date		" Test Length		" Tbg. Pressure			4 Csg. Pressure		
4 Choke Size		a	<sup>42</sup> Oil <sup>4</sup>		Water		4 Gas		45 AOF			4 Test Method		
<sup>47</sup> I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Signature:							OIL CONSERVATION DIVISION  Approved by: OHICINAL SIGNED BY CHRIS WILLIAMS							
Printed name: Ken Hasten -							Title: DISTRICT   SUPERVISOR							
Title:			Approval Date:											
General Manager							**************************************							
4 If this is a	change of o	perator fill in the		mber and name		ous opera	tor							
<b></b>	Operator Sia	D	Printed Name											
It	Previous Operator Signature							Printed Name				Title Date		

## New Mexico Oil Conservation Divisir C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

LIBERT CONTRACTOR SERVICE A STATE OF THE STA

Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

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

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

- 1. Operator's name and address
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- Reason for filing code from the following table:

  NW New Well

  RC Recompletion

  CH Change of Operator (Include the effect

  AO Add oil/condensate transporter

  CO Change oil/condensate transporter 3.

Change of Operator (Include the effective date.)
Add oil/condensate transporter
Change oil/condensate transporter

ĂĞ CĞ

RT

Add gas transporter
Change gas transporter
Request for test allowable (Include volume requested)

If for any other reason write that reason in this box.

- The API number of this well 4.
- 5. The name of the pool for this completion
- The pool code for this pool 6.
- 7. The property code for this completion
- The property name (well name) for this completion R.
- 9. The well number for this completion
- The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter. 10.
- 11. The bottom hole location of this completion
- 12. Lease code from the following table:

State

S

Jicarilla

N

Navajo Ute Mountain Ute

Other Indian Tribe I

The producing method code from the following table: 13.

- Flowing Pumping or other artificial lift
- 14. MO/DA/YR that this completion was first connected to a gas transporter
- The permit number from the District approved C-129 for this completion 15.
- 16. MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this 17. completion
- 18. The gas or oil transporter's OGRID number
- 19. Name and address of the transporter of the product
- The number assigned to the POD from which this product will be transported by this transporter, If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20.
- Product code from the following table: 21.

- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD",etc.)
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 23.
- The ULSTR location of this POD if it is different from the 24. well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.)
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce 26.
- 27. Total vertical depth of the well
- 28. Plugback vertical depth

- 31. Inside diameter of the well hare
- 32. Outside diameter of the casing and tubing
- 33. Depth of casing and tubing. If a casing liner show top and bottom.
- Number of sacks of cement used per casing string

If the following test data is for an oil well it must be from a test conducted only after t' total volume of load oil is recovered.

- MO/DA/YR that new oil was first produced
- MO/DA/YR that gas was first produced into a pipeline 36.
- 37. MO/DA/YR that the following test was completed
- 38. Length in hours of the test
- 39. Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40.
- 41. Diameter of the choke used in the test
- Barrels of oil produced during the test 42.
- 43. Barrels of water produced during the test
- 44. MCF of gas produced during the test
- 45. Gas well calculated absolute open flow in MCF/D
- 46 The method used to test the well:

Flowing

Pumping Swabbing

If other method please write it in.

- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report 47.
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 48.