Subrait 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1,		TOTA	NOPC	THI OIL	- AND NA	I UNAL GA					
Operator Rice Engineering Co	ro.						Well	API No.			
Address							1,		······································		
122 W Taylor, Hobbs		240									
Reason(s) for Filing (Check proper box)		Change in	_	_	— .	er (Please explo	-				
New Well Recompletion	Transportation of 55 bbls of Miscellaneous Hydrocarbons to Jadco on/2/ ('92.										
Change in Operator	Oil Casinghe	_	Dry Gas Condens	-	Hydroca	arbons to	o Jadco	on/2/ /	792.		
If change of operator give name		ب	00110041	<u> </u>		 			 .		
and address of previous operator	·····				······································			 	 		
II. DESCRIPTION OF WELL	AND LE							<u></u>			
Lease Name Well No. Pool Name, Include East Halia SA Sur) Sytem 30					ing Formation		d of Lease L te, Federal or Fee		ease No.		
Unit Letter	_:_2	3/0	Feel Fro	m The	W_Line	and	80_ F	et From The	n	Line	
Section 30 Township 18 Range 39						39 , NMPM,			Lea County		
III. DESIGNATION OF TRA	NSPORTE	ER OF OI		NATU				A.1.1		- ;	
Bandera Petroleum, 1	Inc.	or Condens	5216 [e address to wh Box 430,			'orm is 10 be se 240	(M)	
Name of Authorized Transporter of Casi			or Dry C	Sas		address to wi				ent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	. Twp. Rge.		is gas actually connected?		When	When ?			
If this production is commingled with the IV. COMPLETION DATA	t from any ot	her lease or p	oool, give	commingl	ling order numb	xer.					
Designate Type of Completion	n - (X)	(X) Oil Well		as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of 1	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
renforations								Depth Casing Shoe			
	•	TUBING.	CASIN	G AND	CEMENTI	NG RECOR	D	1			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
								-	`		
								 			
V. TEST DATA AND REQUE	ST FOR	ALLOWA	BLE					<u> </u>			
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of To		of load oi	l and must		exceed top allo thod (Flow, pu			for full 24 hou	rs.)	
Length of Test	Tubing Pr	Tubing Pressure				re		Choke Size			
Actual Prod. During Test	Oil - Bbls	Oil - Bbls.				Water - Bbls.			Gas- MCF		
GAS WELL					<u> </u>	<u> </u>					
Actual Prod. Test - MCF/D	Length of	Test			Bbis. Conden	ate/MMCF		Gravity of C	Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	CATE OF	F COMP	LIAN	CE '		NI 001	IOEDY	A.TION			
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					DEC 0 2 '92						
Billy Walle					Date	Approve	J				
Signature Billy Walker Foreman					By ORIGINAL SIGNED BY JERRY SEXTON. BISTRIGT I SUPERVISOR						
Printed Name	 		Tille 9174		Title			VI3UK			
Date			phone No						:		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.