

District I
PO Box 1963, Hobbs, NM 88241-1968

District II

811 South First, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Alamogordo, NM 87410

District IV

2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

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

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address RICE OPERATING COMPANY 122 W. TAYLOR HOBBS, NM 88240		OGRID Number 019174
API Number 30 - 025-03033		Reason for Filing Code CH 7-31-96
Pool Name SWD, SAN ANDRES	Pool Code 096121	
Property Code 009620	Property Name VACUUM SWD	Well Number 035

II. ¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
G	35	17S	35E		1986	N	1982	E	25

¹¹ Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
Lee Code S	Producing Method Code SWD	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	OG	POD ULSTR Location and Description
149972	Sundance Services, Inc. P.O. Box 1737 Eunice, NM 88231	2809391		
130908	Pate Trucking Company P.O. Box 1008 Hobbs, NM 88241	2809391		
012426	MacIskey Oilfield Serv. Inc. P.O. Box 580 Hobbs, NM 88241	2809391		

IV. Produced Water

POD	POD ULSTR Location and Description

V. Well Completion Data

Spud Date	Randy Date	TD	PBTD	Perforations	DEIC, DC, MC
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement		

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Top Pressure	Chg. Pressure
Choke Size	Oil	Water	Gas	ACF	ACF

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: *F. Wesley Root*

Printed name: F. WESLEY ROOT

Title: OPERATIONS MANAGER

Date: 8-13-97

Phone: (505) 393-9174

OIL CONSERVATION DIVISION

Approved by: ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

Title:

Approval Date:

AUG 18 1997

If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature: *Rice Engineering Corp.*

OGRID No. 019174

Printed Name

Title

Date

F. Wesley Root

F. Wesley Root

Dr. MHC

8-13-97

"AMENDED REPORT" AT THE TOP OF THE BOX LABELED

Report all gas volumes at 15.026 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
2. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.

3. Reason for filing code from the following table:

NW	New Well
RC	Recompletion
CH	Change of Operator (Include the effective date.)
AO	Add oil/condensate transporter
CO	Change oil/condensate transporter
AG	Add gas transporter
CG	Change gas transporter
RT	Request for test allowable (Include volume requested)

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

4. The API number of this well
5. The name of the pool for this completion
6. The pool code for this pool
7. The property code for this completion
8. The property name (well name) for this completion
9. The well number for this completion
10. 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.

11. The bottom hole location of this completion

12. Lease code from the following table:

F	Federal
S	State
P	Fee
J	Jicarilla
N	Navajo
U	Ute Mountain Ute
I	Other Indian Tribe

13. The producing method code from the following table:

F	Flowing
P	Pumping or other artificial lift

14. MO/DA/YR that this completion was first connected to a gas transporter

15. The permit number from the District approved C-129 for this completion

16. MO/DA/YR of the C-129 approval for this completion

17. MO/DA/YR of the expiration of C-129 approval for this completion

18. The gas or oil transporter's OGRID number

19. Name and address of the transporter of the product

20. 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.

21. Product code from the following table:

O	Oil
G	Gas

22. 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.)

23. 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.

24. 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 Water Tank", "Jones CPD Water Tank", etc.)

25. MO/DA/YR drilling commenced

26. MO/DA/YR this completion was ready to produce

27. Total vertical depth of the well

28. Plugback vertical depth

29. Top and bottom perforation in this completion or casing shoe and TD if openhole

30. Write in "DHC" if this completion is downhole commingled with another completion, "DC" if this completion is one of two non-commingled completions in this well bore, or "MC" if there are more than three non-commingled completions in this well bore.

31. Inside () rater of the well bore

32. Outside diameter of the casing and tubing

33. Depth of casing and tubing. If a casing liner show top and bottom.

34. 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 the total volume of lost oil is recovered.

35. MO/DA/YR that new oil was first produced

36. MO/DA/YR that gas was first produced into a pipeline

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

40. Flowing casing pressure - oil wells
Shut-in casing pressure - gas wells

41. Diameter of the choke used in the test

42. Barrels of oil produced during the test

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:

F	Flowing
P	Pumping
S	Swabbing

 If other method please write it in.

47. 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

48. 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