District I

PO Box 1980, Hobbs, NM 88241-1980

District II

811 South First, Artesia, NM 88210

District III

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

1000 Kie Braze District IV	s Kd., Aztec	, NM 87410		S	anta	Fe, N	VM 87	505					3 Copie	
2040 South Pac	heco, Santa	Fe, NM 87505	-			,						AME	ENDED REPORT	
<u>I</u>	R	EQUEST :	FOR A	LLOWA	BLE	AN	D AU	THOR	ZATI	ON TO TR	ANSPO	ЭRT		
I. REQUEST FOR ALLOWABLE AN  Operator name and Address  RICE OPERATING COMPANY  122 WEST TAYLOR										O19174 OGRID Number				
HOBBS, NM 88240										Reason for Filing Code CO 8-1-98				
<b>API Number 30 - 0</b> 25-03849 Suito								:		Pool Code				
009602	<del></del>	SWD, ABO					096091							
	ABO SWD								002	ell Number				
Ul or lot no.	Section	Location   Range		Lot.Idn	E.	et from	4h e	N 41/0		<del></del>	·			
С	02	17S	36E	1			999 N		uth Line	Feet from the	East/Wes	t line	County	
11 J	Bottom 1	Hole Locat		<u></u>	l					2310	W	i	. 25	
UL or lot no.	Section	Township	Range	Lot Idn Feet		eet from	m the North/S		outh line	Feet from the	East/West line		County	
12 Lse Gode		ng Method Code SWD	<del></del> _	as Connection Dat		15 C-	-129 Perm	9 Permit Number		C-129 Effective	29 Effective Date 17 C.		29 Expiration Date	
		<u> Fransporte</u>											<del></del>	
Transpor OGRID 037008		" Transporter Name and Address JENEX OPERATING				21 PC			<sup>21</sup> O/G		POD ULS	DD ULSTR Location and Description		
	I	PO BOX 30					2809369							
012426		HOBBS, NM			177 7		2000	60			<del></del>			
				2809369 O										
HOBBS, NM 88241  130908 PATE TRUCKING COMPANY						2809369								
	I I	PO BOX 1008 HOBBS, NM 88241					4.5							
												-		
V. Produ	iced Wa	ter				33338	<u> </u>			<del></del>		<del></del>	<del></del>	
	POD		-			24	POD UL	STR Locat	ion and D	escription		-		
/. Well (	Complet	ion Data								<del></del>				
<sup>14</sup> Spud	I Date		ady Date	и П			D 21 PB7		TD	2º Perfora	tions	DHC, DC,MC		
<del></del> -	asing & Tubing Size			33 Depth Set					<sup>34</sup> Sacks Cement					
						<del></del>								
	<del></del>				· · · · · · · · · · · · · · · · · · ·									
I. Well	Test Da	ta	····································					<del></del>			<del></del>			
35 Date N	ew Oil	34 Gas Delivery Date		37 Test Date		ite	34 Test Length		ıgth	39 Tbg. Pressure		4 Csg. Pressure		
41 Choke	·	4 Oil		43 Water			4 Gas			45 AOF			" Test Method	
" I hereby certif with and that the knowledge and t Signature:		es of the Oil Congiven above is the	ie and comp	vision have b	een com	plied	Арргочес			NSERVAT				
Printed name: Ken Hasten -								ORIGINAL SIGNED BY CHRIS WILLIAMS Title: DISTRICT I SUPERVISOR						
Tide: General Manager								Approval Date:						
Date:			Phone: (5	<u>305)</u> 39:	3-91	74			<del></del> -	AUG 1 6	<del>1995</del>			
41 If this is a ch	ange of ope	rator fill in the C	GRID nun	aber and nar	ne of th	e previo	us operate	or						
		perator Signatus					<del></del>				<del></del>			
		Dignatu					Printe	d Name			Title	:	Date	

## New Mexico Oil Conservation Divisio C-104 Instructions

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

and the second s

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.
- 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

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
- 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
- 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
- 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
- MO/DA/YR this completion was ready to produce
- 27. Total vertical depth of the well
- 28. Plugback vertical depth

- 31. Inside diameter 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 t. total volume of load 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
- A1 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