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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Rand Oil & Gas, Inc.	Well API No. 30-025-31989
Address 4006 Beltline Road, Suite 290, Addison, Texas 75244	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) CASINGHEAD GAS MUST NOT BE New Well <input checked="" type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/> Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Change in Operator <input type="checkbox"/> FLARED AFTER 2-30-93 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Arco A Com	Well No. 1	Pool Name, Including Formation South Knowles (Devonian)	Kind of Lease State, Federal or Fee <input checked="" type="radio"/>	Lease No. fee
Location Unit Letter F : 1980 Feet From The north Line and 1980 Feet From The west Line Section 18 Township 17S Range 39E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Amoco Pipeline ICT	Address (Give address to which approved copy of this form is to be sent) 502 N. West Ave/Levelland, Tx 79336-9914					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) 4044 Penbrook, Odessa, Texas 79762					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 18	Twp. 17S	Rge. 39E	Is gas actually connected? NO	When?

If this production is commingled with that from any other lease or pool, give commingling order number.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 1 June 1993	Date Compl. Ready to Prod. 22 July 1993		Total Depth 12,137		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3670.5	Name of Producing Formation Devonian		Top Oil/Gas Pay 12,070		Tubing Depth 12,017			
Perforations open hole					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	12-3/4 35#		406		520			
11"	8-5/8 32#		4967		1415			
7-7/8"	5 1/2 20#		12072		550			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load 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 Tank 22 July 1993	Date of Test 28 July 1993	Producing Method (Flow, pump, gas lift, etc.) flowing	
Length of Test 24 hours	Tubing Pressure 690#	Casing Pressure	Choke Size 9 / 64"
Actual Prod. During Test	Oil - Bbls. 140	Water - Bbls. 0	Gas - MCF 94.51

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations 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
John A. DeVault agent

Printed Name
28 July 1993 (915) 694-6059 Title

Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 30 1993

By
Orig. Signed by
Paul Kautz
Geologist

Title

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.