Submit 5 Copies
Appropriate District Office
DISTRICC 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

DLTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

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

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

I.	REC	UEST F	OR A	LLO	WA COI	BLE AND L AND NA	AUTHOR	IZATION	l			
Operator Rand Oil & Gas	Rand Oil & Gas Inc.							Well API No. 30-025-31989				
Address 4006 Beltline F	Rd.Suit	e 290.	Addi	son	Tx	75244						
Reason(s) for Filing (Check proper bax) New Well							ner (Please exp	lain)				
Recompletion	Oil	Change is	Transp Dry G		f:		- .					
Change in Operator	Casingh	ed Gas	Conde				lest 3い()	ing All	owable	1443		
If change of operator give name and address of previous operator												
IL DESCRIPTION OF WELL	AND LE	EASE										
Lease Name Arco A Com	Well No.		Pool N			ing Formation Knowles		of Lease , Federal or F		Lease No.		
Location			<u> </u>	300	1611	Knowies	-pevonia	in See	, reactal of r		<u> </u>	
Unit LetterF	_ :1	980	_ Feet Fr	rom Th	e <u>N</u>	orth Lin	e and198	30	eet From The	West	Line	
Section 18 Townsh	ip	17S	Range		39	E , n	мрм,	Lea			County	
III. DESIGNATION OF TRAN				D NA	<u> TU</u>							
Name of Authorized Transporter of Oil Amoco Pipeline ICT	co Pipeline ICT XX or Condensate					Address (Giv 50	e address so w 2 N. Wes	hick approve t Ave./	copy of this Levella	form is to be s	19336-9914	
Name of Authorized Transporter of Casin	ighead Gas or Dry Gas					e address to w						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Тwp.	1	Rge.	le gas actuall	y connected?	When	1 ?			
If this production is commingled with that IV. COMPLETION DATA	from any of	her lease or	pool, giv	re com	mingl	ing order numl	ber:					
Designate Type of Completion	- (X)	Oil Well	1	Gas We	:li	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to	Prod.			Total Depth		· · · · · · · · · · · · · · · · · · ·	P.B.T.D.	<u> </u>		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas I	Pay	<u>.</u>	Tubing Depth			
Perforations	1								Depth Casing Shoe			
	•	TUBING,	CASIN	NG A	ND	CEMENTI	NG RECOR	D	1			
HOLE SIZE CASING &			TUBING SIZE			DEPTH SET			SACKS CEMENT			
							· · · · · ·					
					_							
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE						J			
OIL WELL (Test must be after no Date First New Oil Run To Tank			of load o	il and	musi					for full 24 hou	P3.)	
Date Link Liew Off Kiffs 10 180K	Date of Te	a				Producing Me	thod (Flow, pu	mp, gas lift, d	tc.)			
Length of Test	Tubing Pressure				Casing Pressu	re		Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF	Gas- MCF			
GAS WELL	<u> </u>								I			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condens	nte/MMCF		Gravity of Condensate				
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressu	re (Shut-in)		Choke Size	Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIAN	CE					. 			
I hereby certify that the rules and regula							OIL CON	ISERV	ATION	DIVISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						Date Approved						
Oa A. DeVanet						Onin Giomad has						
Signifure					By Orig. Signed by Paul Kautz							
Printed Name Title					Title		G	eologist				
23 July 1993 Date		<u> </u>	694-6 hone 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.