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

sale of New Mexico Energy, Minerals and Natural Resources Department

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

DISTRICT II P.O. Drawer DD, Ariesia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

A .	101	RANSPORT	OIL AND NA	JURAL G	iAS			
Operator Rice Engineering C					Well API No.			
Address							<del></del>	
122 W Taylor, Hobb	s NM 88240							
Reason(s) for Filing (Check proper bo				ner (Please exp	lain)	<del></del>	· · · · · · · · · · · · · · · · · · ·	
Recompletion	Change in Transporter of: Transportation of 230 bbls of Miscellaneous							
Change in Operator	Dry Gas University Hydrocarbons to Jadeo on 5/41/92							
If change of operator give name	Casinghead Gas	Condensate		· · · · · · · · · · · · · · · · · · ·			_	
and address of previous operator							-	
II. DESCRIPTION OF WEI	LL AND LEASE Well	No. Deal No. 1						
EME SWD	"I" 1	cluding Formation			of Lease Federal or Fee	Lease No.		
Location			SITE SA					
Unit LetterI	660	Feel From The	E Lin	e and2	310 F	eet From The	SLine	
Section 1 Township 20 Range 36			5 , <b>N</b> I	, NMPM,			County	
III. DESIGNATION OF TR.	ANSPORTER OF	OIL AND NA	THRAL GAS					
Transporter of Oi	or Co	ndensate	Address (Giv	e address 10 w	hich approved	copy of this form	is to be sent)	
Bandera Petroleum, Inc.  Name of Authorized Transporter of Casinghead Gas or Dry Gas			P.O.	Box 430	Hobbs	NM 88240		
Hame of Authorized Transporter of Ca	isinghead Gas	or Dry Gas	Address (Giv	e address to w	hich approved	copy of this form	is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit S∞.	Tup.   F	Rge. Is gas actually	y connected?	When	?		
If this production is commingled with the IV. COMPLETION DATA	hat from any other lease	or pool, give comm	ningling order numb	жг				
Designate Type of Completion	On - (X)	Veil   Gas Wel	New Well	Workover	Deepen	Plug Back San	ne Res'v Diff Res <sup>t</sup> v	
Date Spudded	Date Compl. Read	y to Prod.	Total Depth	L	J	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas F	52 V				
Perforations			, ap one say,				Tubing Depth	
renorations						Depth Casing Sh	oe .	
	TUBIN	G, CASING AN	D CEMENTIN	JG RECOR	D	<u> </u>		
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT	
							3,101,000	
V. TEST DATA AND REQU						<u></u>		
OIL WELL (Test must be afte.  Date First New Oil Run To Tank	r recovery of total volu	me of load oil and m	usi be equal to or i	exceed top allo	wable for this	depih or be for fu	Il 24 hows.)	
Date First New Oil Run To Tank	Date of Test	Producing Met	hod (Flow, pw	mp, gas lift, ei	c.)			
Length of Test	Tubing Pressure	Casing Pressur	Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.	Water - Bbls.			Gas- MÖF	
GAS WELL			•					
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condens	Bbls. Condensate/MMCF			Gravity of Condensate	
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressur	Casing Pressure (Shut-in)		Choke Size		
		:				Giore Size		
VI. OPERATOR CERTIFIC	CATE OF COM	IPLIANCE	-			<del></del>		
I hereby certify that the rules and reg	ulations of the Oil Con-	servation		IL CON	SERVA	TION DIV	/ISION	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			`					
13 doc and complete to the best of my	y knowledge and belief.		Date	Approved	·	MAY 21'	32	
Biller Mail								
Signature Billy Walker	upu -	Tome -	Ву			A KANAKA CEM	· · · · · · · · · · · · · · · · · · ·	
Printed Name 5-21-92		oreman 73 9174	Title			•		
Date			11116_					
=	1 (	elephone 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
- 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.