Submit 5 Copies
Appropriate District Office
DISTRICT 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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410	0 PEOUEST							
<u>I.</u>	TO TE	FOR ALLOW	ABLE A	ND AUTHO	RIZATIO	N		
Operator	JIL AIVL	IL AND NATURAL GAS Well API No.						
Rice Engineering Co	orp.							
122 W Taylor, Hobbs	s NM 88240							
Reason(s) for Filing (Check proper box))		X .	Other (Please	erplaini			
New Well		in Transporter of:	· _		• •			
Change in Operator	Oil Casinghead Gas	Dry Gas	Tra	ınsportati	on of 1	50 bbls of M	Miscellaneous	
If change of operator give name and address of previous operator	Casinghad Gas	Condensate	ј пус	rocardons	to Jado	co on 3/26/9	¹ 2.	
		· · · · · · · · · · · · · · · · · · ·						
II. DESCRIPTION OF WELL Lease Name	L AND LEASE Well No	o. Pool Name, Inch	.4:			-		
EME SWD System I		Monun			. Ki	nd of Lease te Federal or Fee	Lease No.	
Location				- 0				
Unit LetterI	:660	Feet From The _	E ·	Line and	2310	Feet From The	S	
Section 1 Townsh	20 gin	Range . 36	!	, NMPM,		100	? County	
III. DESIGNATION OF TRAN	NSPORTER OF (OII AND NATI	EIDAL C	. C				
The or transferred transporter of Oil	or Cond	ensate	Address	(Give address 10	which approv	ed copy of this form	is to be sent	
Bandera Petroleum, Name of Authorized Transporter of Casin			P	.U. Box 4.	30, Hot	bs NM 8824	.0	
	ignead Gas	or Dry Gas	Address	(Give address to	which approv	ed copy of this form	s to be sent)	
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge	ls gas ac	qually connected?	Wh	en ?		
If this production is commingled with that IV. COMPLETION DATA	from any other lease of	r pool, give comming	gling order	number:				
Designate Type of Completion	Oil We	II Gas Well	New Y	Vell Workover	Deepen	Plug Back Sam	a Parity kyee P	
Date Spudded	Date Compl. Ready t	1	_1_	ĺ		I ring back Sam	e Resiv Diff Resiv	
·	Date Compi. Ready (.о гтоа	Total De	pth		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing F	Top Oil/Gas Pay			Tubing Depth			
Perforations								
						Depth Casing Sho	c	
HOLE CIZE	TUBING,	CASING AND	CEMEN	TING RECO	RD			
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE			DEPTH SE		SACKS CEMENT		
								
. TEST DATA AND REQUES	T FOR ALLOW	ABLE	•					
OIL WELL (Test must be after re	ecovery of total volume	of load oil and must	be equal to	or exceed top al	lowable for th	is depth or be for full	24 hours	
Sale rits New Oil Run 10 lank	Date of Test	: .	Producing	Method (Flow, p	ownp, gas lift,	elc.)		
ength of Test	Tubing Pressure	Casing Pressure			Choke Size			
Actual Prod. During Test	·		•					
Oil - Bbls.			Water - Bbls.			Gas- MCF		
GAS WELL			·		· · · · · · · · · · · · · · · · · · ·			
ctual Prod. Test - MCF/D Length of Test			Bbis. Condensate/MMCF			Gravity of Condensate		
ung Method (pitot, back pr.) Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size				
				(onot-iii)		CHOKE SIZE	•	
I. OPERATOR CERTIFICA	ATE OF COMP	LIANCE		04.00				
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information gives above			OIL CONSERVA			ATION DIVISION		
is true and complete to the best of my knowledge and belief.			Date Approved			MAR 25'90		
Billy uladb		.	Da	re abblove	U			
Signature Signature	jurker			By ORIGINAL SIGNED BY JERRY SEXTON				
Billy Walker Printed Name	Foreman		ស្	ISTRICT !	SUPERVISOR	Y 1		
3-25-92	393_9174	Title	Title					
Date		hone No.	İ				*	

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.