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

## State of New Mexico Energy, Minerals and Natural Resources Depa

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

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

OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS.

Operator								Well API No.			
Rice Engineering Cor	р.										
Address											
122 W Taylor, Hobbs,	NM 88	240			<del></del>	(Fit 1					
Reason(s) for Filing (Check proper box) New Well	Other (Flease explain) Transportation of 230 bbls. of Miscellaneous										
Recompletion	Oil	Change in	Dry (			carbons t					
Change in Operator	Casinghe	nd Gas	, ,	lensate 🗌	•						
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LE	,									
Lease Name  EME SWD 477 6	Well No. Pool Name, Include			ing Formation			Kind of Lease State, Federal or Fee		ease No.		
Location					0				7.1		
Unit LetterM	_ :9	70	_ Feet :	From The	Lin	e and	30 F	et From The	12/	Line	
Section 5 Townsh	ip 20		Rano	e 37	, N	мрм.				County	
	,	D OF O				<del>711 171,</del>				County	
III. DESIGNATION OF TRAIN Name of Authorized Transporter of Oil	NSPORTE	or Conde		ND NATU	Address (Giv	e address to wh	hich approved	copy of this fo	orm is to be se	ent)	
Bandera Petroleum, I	ind.				Address (Give address to which approved copy of this form is to be sent) P.O. Box 430, Hobbs NM 88240						
Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids, give location of tanks.	Unit Sec.		Twp. Rge.		Is gas actually connected?			When?			
If this production is commingled with that IV. COMPLETION DATA	from any ou	ner lease or	pool, g	give comming	ing order num	ber:					
		Oil Well	ı	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion  Date Spudded		l Bardini			Total Depth	<u> </u>			L_,		
Date Spudded	Date Compi. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations						<del> </del>		Depth Casing Shoe			
		TIBING	CAS	ING AND	CEMENTI	NG RECOR	D	1			
HOLE SIZE	,	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
		·					·	ļ			
								1			
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABLI	E							
OIL WELL. (Test must be after			of load	d oil and must					or full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te	s <b>t</b>			Producing M	ethod (Flow, pu	ump, gas lift, i	etc.)			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
								Gas- MCF			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL	<u>i</u>				1						
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Mathod (-ited back pm)	(puot. back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size		
sting Method (puot, back pr.)  Tubing Pressure (Shut-in)											
VI. OPERATOR CERTIFIC	CATE OF	COME	PLIA	NCE		)!! OO	10ED\1	ATIONI		<b>N</b> 1	
I hereby certify that the rules and regu						DIL CON	15EHV	ATION I M	AR 0.6 '	אוע פב	
Division have been complied with and is true and complete to the best of my		_	en abo	ve				141	AR UU:	<b>5</b> 4	
$\sim 30$	1				Date	Approve	a				
Billy walker							Orio	Signed b	<b>y</b> .		
Signature Billy Walker Foreman					By_		P	Signed b			
Printed Name		1 01 01	Title		Title		Ç	eologist			
3-6-92 Date		393 C	9174 phone								
LAGE		1516	DIMONIC	ITU.							

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.

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