Subrait 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources L. partment

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 1000 Rio Brazos Rd., Aztec, NM 87410

Santa Fe, New Mexico 87504-2088

| I. | | | BLE AND AUTHORIZ AND NATURAL GA | | | |
|--|-------------------------------|---------------------------------------|--|---------------------------------------|---------------------------------------|------------------|
| Operator | | or Orti Oil | AND INTOTAL OF | | API No. | |
| Rice Engineering Corp | J. | | | | | |
| 122 W Taylor, Hobbs I | NM 88240 | | V | | | |
| Reason(s) for Filing (Check proper box) New Well | Q | | Other (Please expla | | | |
| Recompletion | Change in Trai | nsporter of: | Transportation Hydrocarbons to | | | |
| Change in Operator | | nden sate | Hydrocarbons co | Jauco | 01174730 32 | . • |
| If change of operator give name and address of previous operator | | | | | | |
| II. DESCRIPTION OF WELL | | · · · · · · · · · · · · · · · · · · · | | | | |
| Losse Name | ng Formation | | of Lease Federal or Fee | Lease No. | | |
| Unit Letter | :840Fee | t From The | W Line and 16 | 50 Fe | et From The | Line |
| Section / Township | p 19 Rar | nge <u>3</u> | 8 , NMPM, | | _ea | County |
| III. DESIGNATION OF TRAN | | | | | | |
| Name of Authorized Transporter of Oil or Condensate Bandera Petroleum, Inc. | | | 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 | | | P.O. Box 430, Hobbs NM 88240 Address (Give address to which approved copy of this form is to be sent) | | | |
| If well produces oil or liquids; | Unit Sec. Tw | p. Rge. | is gas actually connected? | When | 7 | |
| If this production is commingled with that it. IV. COMPLETION DATA | from any other lease or pool, | , give commingli | ing order number: | | | |
| Designate Type of Completion | Oil Well | Gas Well | New Well Workover | Deepen | Plug Back Same | Res'v Diff Res'v |
| Date Spudded | Date Compl. Ready to Pro | d. | Total Depth | | P.B.T.D. | |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | | Top Oil/Gas Pay | | Tubing Depth | |
| Perforations | <u> </u> | | | | Depth Casing Shoe | |
| | TUBING, CA | SING AND | CEMENTING RECOR | D | 1 | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | |
| | | | | | | |
| 1 | | | | | | |
| V TECT DATA AND DEOLEG | T FOR ALLOWARI | F | | | | |
| V. TEST DATA AND REQUES OIL WELL (Test must be after re | | | be equal to or exceed top allo | wable for this | depth or be for full | 24 hours.) |
| Date First New Oil Run To Tank | Date of Test | | Producing Method (Flow, pu | | | · |
| Length of Test | Tubing Pressure | | Casing Pressure | | Choke Size | |
| Actual Prod. During Test | Oil - Bbls. | | Water - Bbls. | | Gas- MCF | |
| GAS WELL | 1 | ···· | | | | |
| Actual Prod. Test - MCF/D | Length of Test | | Bbis. Condensate/MMCF | | Gravity of Condensate | |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | | Casing Pressure (Shut-in) | | Choke Size | |
| VI. OPERATOR CERTIFIC | - | | OII CON | SERV | ATION DIV | ISION |
| I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above | | | OIL CONSERVATION DIVISION | | | |
| is this and complete to the best of my k | | | Date Approved | d t | DEC 31'9 | 2 |
| Riller Walker | | | | حدد معدد معدد معدد معدد | · · · · · · · · · · · · · · · · · · · | .: |
| Signature Billy Wilkon | Forema | an | | · · · · · · · · · · · · · · · · · · · | SY JERRY SEXTO JPRVISOR | N |
| Printed Name | 701ellia 393 9 | \$7/1 | Title | | or and the second of | |
| 12-30-92 | ל כצכ | 1/4 | 1110 | | | |

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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