Submit 5 Copies	
Appropriate District Office	
DÍSTRICT I	
DO D 1000 11.11. ND/	

## P.O. Box 1980, Hobbs, NM 88240

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

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

## State of New Mexico - Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION P.O. Box 2088

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

## Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION	
TO TRANSPORT OIL AND NATURAL GAS	

I.	TOTR	ANSPORT O	IL AND NA	UHAL G				
Operator	<u></u>			· · · · · · · · ·	Well A	PI No.	· · ·	
Rice Engineering Co	rp.						<u></u>	
Address				· ·				
122 W Taylor, Hobbs							<u> </u>	
Reason(s) for Filing (Check proper box)			Curi Curi	er (Please expl	ain)			· .
New Well		in Transporter of:	Transpo	ortation	of 80 t	bls of	Miscella	ineous
			Hydroca	arbons t	o Jadco	ony / A	57.92.	
Change in Operator	Casinghead Gas	Condensate	······································		·····		Sur.	<u> </u>
and address of previous operator							•	
II. DESCRIPTION OF WELL	ANDIEASE						н	
Lease Name	Well No	. Pool Name, Inclu	ding Formatica		Kind	of Lease	1	ase No.
Thus end	FILS					Federal or Fe		
Location				•	L		مسمح می انب نہ ر	
Unit Letter E	. 840	Feet From The	(A) 13-	and	50 .	at Emm The	n	Line
		rea rion me _		° ∎00 <u>/ {¥</u> ~		er riom the		
Section 5 Towns	hip (4	Range (	<u>38 , n</u>	MPM,		_ea	<u>.</u>	County
	,							
III. DESIGNATION OF TRA			URAL GAS					
Name of Authonized Transporter of Oil	or Cond	ensaie					orm is to be se	M)
Bandera Petroleum, 2 Name of Authorized Transporter of Casi	and the second sec	or Dry Gas		Box 430			240	
The of Automized Transporter of Cal			Address (City	e adaress lo w	піся арргочеа	COPY OF IND J	orm is to be se	nu)
If well produces oil or liquids,	Unit Sec.	Twp. Rg	e. Is gas actuall	v connected?	When	7		
give location of tanks.				and frances		water of state	And a surger a string.	
If this production is commingled with the	at from any other lease o	r pool, give commin	gling order aum	ber:			115	
IV. COMPLETION DATA	·							
	Oil We	II Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion		<u>l</u>	1	1	1		1 '	1
Date Spudded	Date Compl. Ready	to Prod.	Total Depth			P.B.T.D.		
			T	<b></b>				a fagi a sa
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	Formation	Top Oil/Gas	ray		Tubing Dep	th	
Perforations						Depth Casir	a Shoe	<u></u>
				•			1 <b>5</b> 01100	
	TURINO	, CASING ANI	CEMENIT	NG RECOR	<u>מי</u>	<u>.</u>		
HOLE SIZE		TUBING SIZE		DEPTH SET			SACKS CEM	INT
			· · · · · · · · · · · · · · · · · · ·		·····			
}						+		·
1						1 · · ·		
			-				<u>. 19</u> 	
	EST FOR ALLOW						for full 24 how	·3.)
				exceed lop all ethod (Flow, p			for full 24 how	rs.)
OIL WELL (Test must be after Date First New Oil Run To Tank	recovery of total volum Date of Tes		Producing M	ethod (Flow, p		ic.)	for full 24 how	s.)
OIL WELL (Test must be after	recovery of Iolal volum			ethod (Flow, p			for full 24 hou	- <u></u>
OIL WELL (Test must be after Date First New Oil Run To Tank Length of Test	r recovery of total volum Date of Test Tubing Pressure		Producing Me	ethod (Flow, pi		(c.) Choke Size	for full 24 hou	<b></b>
OIL WELL (Test must be after Date First New Oil Run To Tank	recovery of total volum Date of Tes		Producing M	ethod (Flow, pi		ic.)	for full 24 hour	s.)
OIL WELL (Test must be after Date First New Oil Run To Tank Length of Test Actual Prod. During Test	r recovery of total volum Date of Test Tubing Pressure		Producing Me	ethod (Flow, pi		(c.) Choke Size	for full 24 hour	<b>3.)</b>
OIL WELL (Test must be after Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL	Trecovery of Iolal volum Date of Tex Tubing Pressure Oil - Bbls.		Producing Me Casing Press Water - Bbls	ethod <i>(Flow, p</i> i		ic.) Choke Size Gas- MCF		<b></b>
OIL WELL (Test must be after Date First New Oil Run To Tank Length of Test Actual Prod. During Test	r recovery of total volum Date of Test Tubing Pressure		Producing Me	ethod <i>(Flow, p</i> i		(c.) Choke Size		<b>3.)</b>
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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.

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- 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.

