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Appropriate District Office
DISTRICT I
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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Rice Engineering Corp</u>		Well API No.
Address <u>122 W. Taylor, NM 88240</u>		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)		
Oil Well <input type="checkbox"/>	Change in Transporter of:	<u>Transportation of 150 Bbls. of Misc.</u>
Completion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	<u>Hydrocarbons to Jadedo on 3-13-92</u>
Change of operator give name		
Address of previous operator		

DESCRIPTION OF WELL AND LEASE				
Well Name <u>Hobbs Swd "E"</u>	Well No. <u>7-15</u>	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Location	Unit Letter <u>E</u>	Feet From The <u>W</u> Line and <u>1650</u> Feet From The <u>N</u> Line	Section <u>15</u> Township <u>19</u> Range <u>38</u>	NMPM, County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<u>Bandera Petroleum Inc.</u>	<u>P.O. Box 430, Hobbs, NM 88240</u>			
Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Well produces oil or liquids, indication of tanks.	Unit	Sec.	Twp.	Rge.
Is gas actually connected? When ?				
If production is commingled with that from any other lease or pool, give commingling order number:				

COMPLETION DATA									
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Completed									
Date Compl. Ready to Prod.	Total Depth		P.B.T.D.						
Methods (IDF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
Conditions					Depth Casing Shoe				
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				

TEST DATA AND REQUEST FOR ALLOWABLE			
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Depth of Test	Tubing Pressure	Casing Pressure	Choke Size
Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
S WELL			
Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Test Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

OPERATOR CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
<u>Billy Walker</u>	
Signature <u>Billy Walker</u>	Foreman
Dated Name <u>3-13-92</u>	Title <u>393-9174</u>
	Telephone No.

OIL CONSERVATION DIVISION	
MAR 13 '92	
Date Approved	
By	<u>ORIGINAL SIGNED BY JERRY SEXTON</u>
	<u>DISTRICT I SUPERVISOR</u>
Title	

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
All sections of this form must be filled out for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED
MAR 13 1992
OCD HOBBS OFFICE