Submit 5 Copies
Appropriate District Office
DISTRICT 1
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: 11
P.O. Drawer DD, Artenia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL

I.		TO TRA	ANSP	ORT OF	L AND NA	TURAL					
Operator				0111 01	C AITD ITA	TOTAL		API No.			
Rice Engineering C	orp.						""	741110			
Address				 			<u> </u>				
122 W Taylor, Hobb	s NM 88	240									
Reason(s) for Filing (Check proper be))				(X 0)	/Bl		 _	<u> </u>		
New Well	,	Change in	Tonam	antan afi		ver (Please exp		1			
Recompletion	Oil	Citable ii	1		Transp	ortation	of/20	bbls of	Miscell	aneous	
Change in Operator	Casinghe		Dry G		Hydroc	arbons t	o Jadèo	on/2/2	1/92.		
If change of operator give name	Cangle	20 025	Conde	DEDICE							
and address of previous operator											
II DESCRIPTION OF THE									· · · · · · · · · · · · · · · · · · ·	-	
II. DESCRIPTION OF WEI	JL AND LE		1-								
wearto. Fooi plame, inch					ling Formation Kind			of Lease	of Lease No.		
Location Won				on uni-	State,			Federal Fee			
Unit Letter	:_2	50_	. Feet Fr	rom The	4) Lin	e and/	ı ا	eet From The	, 9		
Section 9 Tow	nship 2	\mathcal{O}	Range	-	-	MPM.	, C P	Lea		Line	
						MPM,		LCa		County	
III. DESIGNATION OF TR	ANSPORTE	ER OF O	IL AN	D NATU	RAT. GAS						
The or Madionized Transporter of O	" X	or Conden	sale		Address (Giv	e address to w	hich approve	d agent of this	form is to be a	- 43	
Bandera Petroleum,	Inc.			L	P.O.	Box 430	Hobbe	copy of this form is to be seril			
Name of Authorized Transporter of Ca	usinghead Gas		or Dry	Gas 🗀	Address (Giv	e address to w	hick commu	INM OC	NM 88240 copy of this form is to be sent)		
			•			- 0.00 600 10 10	nick opproved	copy of INU	jorm is to be se	IN) :	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actuall	y connected?	When	. 7			
<u> </u>		L	<u> </u>	L			40-20 1.31 -31		er er er ektige	The second second	
If this production is commingled with t	hat from any oth	her lease or	pool, giv	e comming	ing order numl	ber:					
IV. COMPLETION DATA									 		
Designate Time of Complete	(3/)	Oil Well	7	Jas Well	New Well	Workover	Deepen	Pius Rack	Same Res'v	Diff Res'v	
Designate Type of Completi		1	- 1		i	1	1	110g Deck	Serie Vet A	Latt Kes A	
Date Spudded	Date Com	Date Compl. Ready to Prod.				L	.1	P.B.T.D.			
					ł			1			
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing Fo	rmation		Top Oil/Gas I	Pay		Tubing Day	<u> </u>		
						•		Tubing Depth			
Perforations								Depth Casing Shoe			
	_								ag once		
	T	UBING.	CASIN	NG AND	CEMENTIN	NO RECOR	ח	<u> </u>			
HOLE SIZE	CA!	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
L								 			
								-			
								 			
V. TEST DATA AND REQU	EST FOR A	LLOWA	BLE		<u> </u>			<u> </u>		····	
OIL WELL (Test must be after	r recovery of to	tal volume o	of load o	il and must	be equal to or	exceed ton all	nuahla far thi	death as he	for fill 24 hour	1	
Date First New Oil Run To Tank Date of Test					t be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)						
						(,, p.	orp, gas sys, a	/			
Length of Test	Tubing Pres	SEUTE			Casing Pressur	ne .		Choke Size	-		
								CHOKE SIZE			
Actual Prod. During Test	Oil - Bbls	Oil - Bbls.				Water - Bbls.			Gas- MCF		
GAS WELL				l			 	<u> </u>			
Actual Prod. Test - MCF/D										ē	
Actual Prod. Test - MCF/D	Length of T	est			Bbls. Condens	ate/MMCF		Gravity of C	ondensate		
Testing Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
·			-	•					•		
VI. OPERATOR CERTIFI	CATE OF	COMPI	IAN	Œ			******	·			
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.					OIL CONSERVATION DIVISION						
					Data	A ====================================		į	DEC 2 2 392		
$\mathcal{C}\mathcal{V}$, , ,				Date	Approve]				
- Delle Walker BC					_				****		
Signature					By ORIGINAL SIGNED BY JERRY SEXTON						
British Name					BISTINGT I SUPPRIVISOR						
12-21-92		393	Ty 174		Title						
Date	 -										
- · · · ·		1 etebi	hone No.	٠ .	1						

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.