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

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-8 e Instructions at Bottom of Par

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088 DISTRICT III
1000 Rio Brizos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Wall API No. Rice Engineering Corp. Address 122 W Taylor, Hobbs NM 88240 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Transportation of 90 bbls of Miscellaneous Recompletion Oil Dry Gas Hydrocarbons to Jadco on/ 841 96.95 Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease State, Federal or Fee EME Lease No. Monument ocation Peet From Th Line Lea County Inc. Bandera Petroleum, ass 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 Address (Give address to which approved copy of this form is to be sent) or Dry Gas [If well produces oil or liquids, give location of tanks. Unit Sec is gas actually connected? When? Ree If this production is commingled with that from any other lease or pool, give commingling order number; IV. COMPLETION DATA Oil Well Designate Type of Completion - (X) Gas Well Plug Back | Same Res'v Date Spudded Date Compl. Ready to Prod. GIAL D P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay **Tubing Depth** Perforations 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 m r exceed top allowable for this depth or be for full 24 hours.) Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Leagth of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil - Bbls Water - Bbls. Gas- MCF GAS WELL Actual Prod. Test - MCF/D sogth of Tes Bbis, Condensate/MMCP Jravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oli Conservation OIL CONSERVATION DIVISION Division have been complied with and that the information given above is true and complete to the best of myknowledge and belief JAN 26 1993 Date Approved Wal ORIGINAL SIGNED BY JERRY SEXTON Walker Foreman DISTRICT I SUPPRIVISOR

INSTRUCTIONS: 'This form is to be filed in compliance with Rule 1104

Printed Name

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Title.

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2) All sections of this form must be filled out for allowable on new and recompleted wells.

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Telephone No.

- 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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