State of New Mexico State of New Mexico State of New Mexico District Office District Office District office District office District office District office P.O. Box 1980, Hobbe, NM 88240 District office P.O. Box 1980, Hobbe, NM 88240 District office P.O. Box 2088 District office P.O. Box 2088 District office P.O. Box 2088 Santa Fe, New Mexico 87504-2088 District office MEQUEST FOR ALLOWABLE AND AUTHORIZATION I. Cell and colspan="2">Componeer for Colspan="2">Well AND NATURAL GAS Mer All of Filing (Check proper box) New Weil Change in Operator Change in Transporter of Transport ation of J4D bbis Mex Met Mex Met Met Met <th co<="" th=""><th>Form C-104 Revised 1-1-89 See Instructions at Bottom of Page of Miscellaneous 2/z / 92.</th></th>	<th>Form C-104 Revised 1-1-89 See Instructions at Bottom of Page of Miscellaneous 2/z / 92.</th>	Form C-104 Revised 1-1-89 See Instructions at Bottom of Page of Miscellaneous 2/z / 92.
DISTRICT II OIL CONSERVATION DIVISION P.O. Drawer DD, Anesia, NM 88210 P.O. Drawer DD, Anesia, NM 88210 DISTRICT III ISTRICT III ISTRICT III ISTRICT IN STATEMENT OF COLSPANE" ISTRICT III ISTRICT IN STATEMENT OF OF ILL AND REQUEST FOR ALLOWABLE AND AUTHORIZATION OF ILL AND LEASE ISTRICT IN OF WELL AND LEASE Lease Name Location Unit Letter //485	of Miscellaneous 2/z/92.	
REQUEST FOR ALLOWABLE AND AUTHORIZATION I. Other Allowable and Authorization Perator Well API No Rice Engineering Corp. Well API No Address 122 W Taylor, Hobbs NM 88240 Reason(s) for Filing (Check proper box) Change in Transporter of: Transportation of 140 bbls New Well Other (Please explain) Transportation of 140 bbls Change in Operator Other (Please explain) Transportation of 140 bbls Change in Operator Other (Please explain) Transportation of 140 bbls Change in Operator Other (Please explain) Transportation of 140 bbls Change in Operator Other (Please explain) Transportation of 140 bbls In change of operator give name Other (Please explain) Transportation of 140 bbls It change of operator give name Mell AND LEASE Hydrocarbons to Jadco on/2 II. DESCRIPTION OF WELL AND LEASE Mell Multimeter Sate, Federal Location Unit Letter 1/485 Feet From The Line and 1/485 Feet From Section 33 Township 1/9 Range 37 NMPM, <td>of Miscellaneous 2/z/92.</td>	of Miscellaneous 2/z/92.	
I. TO TRANSPORT OIL AND NATURAL GAS Operator Well API No Rice Engineering Corp. Well API No Address 122 W Taylor, Hobbs NM 88240 Reason(s) for Filing (<i>Check proper box</i>) Change in Transporter of: New Well Change in Transporter of: Change in Operator Casinghead Gas Condensate Hydrocarbons to Jadco Or/2 If change of operator give name and address of previous operator State, Federal II. DESCRIPTION OF WELL AND LEASE Well No. Location Unit Letter 1485 Unit Letter 1485 Feet From The I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS NMPM, Leas Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of Condensate	of Miscellaneous 2/z/92.	
Rice Engineering Corp. Well API No Address 122 W Taylor, Hobbs NM 88240 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Transportation of 140 bbls Recompletion Oil Dry Gas Hydrocarbons to Jadco on/z Change in Operator Casinghead Gas Condensate Kind of Lease If change of operator give name and address of previous operator ME Well No. Pool Name, Including Formation Kind of Lease ID ESCRIPTION OF WELL AND LEASE Vell No. Pool Name, Including Formation Kind of Lease Location Value 133 Mediation of 1485 Feet From The Location Unit Letter	of Miscellaneous 2/z/92.	
Address 122 W Taylor, Hobbs NM 88240 Reason(s) for Filing (Check proper box) Change in Transporter of: New Well Change in Transporter of: Transportation of 140 bbls Recompletion Oil Dry Gas Hydrocarbons to Jadco on/z Change in Operator Casinghead Gas Condensate Hydrocarbons to Jadco on/z I DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Location Unit Letter K 133 MICMUM stift SA State, Federal Section 33 Township 19 Range 37 NMPM, Lease I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS or Condensate Address to which approved copy of	Lease No.	
Reason(s) for Filing (Check proper box) Change in Transporter of: Transportation of 140 bbls New Well Oil Dry Gas Transportation of 140 bbls Recompletion Oil Dry Gas Hydrocarbons to Jadco on/2 Change in Operator Casinghead Gas Condensate Hydrocarbons to Jadco on/2 I operator give name and address of previous operator Metal ND LEASE Hydrocarbons to Jadco on/2 I. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Location Kind of Lease State, Federal State, Federal Location Intil Letter 1485 Feet From The Intil Line and 1485 Feet From I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS or Condensate Address (Give address to which approved copy of State Proved copy of State Proved copy of Condensate Address (Give address to which approved copy of State Proved copy of State Proved copy of State Proved copy of State Proved copy of Condensate	Lease No.	
Recompletion Oil Dry Gas Transportation of 140 bbls Change in Operator Casinghead Gas Condensate Hydrocarbons to Jadco on/2 If change of operator give name and address of previous operator Casinghead Gas Condensate Hydrocarbons to Jadco on/2 II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Location Kind of Lease State, Federal State, Federal Unit Letter K 133 MONUMENT State, Federal Section 33 Township 19 Range 37 NMPM, Lease II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS or Condensate Address (Give address to which approved copy of Condensate)	Lease No.	
II. DESCRIPTION OF WELL AND LEASE Lease Name Lease Name Well No. Pool Name, Including Formation Kind of Lease State, Federal Location Unit Letter K 19 Range 33 Township 19 Range 37 NMPM, Lease II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Varme of Authorized Transporter of Oil Bandera Petroleum, Loc	CTEE C	
Location Well No. Pool Name, Including Formation State, Federal Location Unit Letter Kind of Lease State, Federal Unit Letter Kind of Lease State, Federal Section 33 Township 19 Range 37 NMPM, Lea II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS or Condensate Address (Give eddress to which approved copy of Bandera Petroleum, Loc Ioc Or Condensate Address (Give eddress to which approved copy of	CTEE C	
Location Image	CTEE C	
Section 33 Township 19 Range 37, NMPM, Lea I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Jame of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of Bandera Petroleum, Loc	The S	
I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS lame of Authonized Transporter of Oil or Condensate Address (Give address to which approved copy of Bandera Petroleum, Inc.		
Bandera Petroleum, Inc. Or Condensate Address (Give address to which approved copy of	County	
Bandera Petroleum, Inc. Or Condensate Address (Give address to which approved copy of		
	this form is to be sent)	
ame of Authonized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of	00040	
well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When ?	inis jorm is to be sent)	
his production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Designate Type of Completion - (Y) Oil Well Gas Well New Well Workover Descent		
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Bit ate Spudded Date Compl. Ready to Prod. Total Depth Total Depth Image: Complete Comp	ack Same Res'v Diff Res'v	
P.B.T.D	D.	
forations (DP, KKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing	Depth	
	asing Shoe	
HOLE SIZE CASING & TUDING AND CEMENTING RECORD	······	
HOLE SIZE CASING & TUBING SIZE DEPTH SET	SACKS CEMENT	
TEST DATA AND REQUEST FOR ALL ONLY		
TEST DATA AND REQUEST FOR ALLOWABLE WELL (Test must be after recovery of total volume af load oil and must be appelded to the second se		
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 l First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)	be for full 24 hours.)	
th of Test Tubing Pressure Casing Pressure Choke Siz	······································	
al Prod. During Test Oil - Bbls. Water - Bbls. Gas- MC		
S WELL		
al Prod. Test - MCF/D		
	Condensate	
ng Method (pitot, back pr.) Tubing Pressure (Shut-in)	· ·	
ng Method (pitot, back pr.) Tubing Pressure (Shui-in) Casing Pressure (Shui-in) Choke Siz	8	
Image: Method (pilos, back pr.) Tubing Pressure (Shui-in) Bable. Condensate/MMCF Gravity of Casing Pressure (Shui-in) OPERATOR CERTIFICATE OF COMPLIANCE Choke Siz Choke Siz hereby certify that the rules and regulations of the Oil Conservation OIL CONSERVATION	DIVISION	
Image Method (pitot, back pr.) Tubing Pressure (Shut-in) Bbls. Condensate/MMCF Gravity of OPERATOR CERTIFICATE OF COMPLIANCE Casing Pressure (Shut-in) Choks Siz OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION hereby certify that the rules and regulations of the Oil Conservation OIL CONSERVATION ivision have been complied with and that the information given above Date Approved	· · ·	
Ing Method (pitot, back pr.) Tubing Pressure (Shui-in) Bbls. Condensate/MMCF Gravity of OPERATOR CERTIFICATE OF COMPLIANCE Casing Pressure (Shui-in) Choks Siz OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION hereby certify that the rules and regulations of the Oil Conservation OIL CONSERVATION hivision have been complied with and that the information given above D true and complete to the best of mv knowledge and belief. D Billy Wilker Econome	DIVISION EC 2 2 '92	
Ing Method (pitot, back pr.) Tubing Pressure (Shut-in) Bbls. Condensate/MMCF Gravity of OPERATOR CERTIFICATE OF COMPLIANCE Casing Pressure (Shut-in) Choks Siz OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION hereby certify that the rules and regulations of the Oil Conservation OIL CONSERVATION ivision have been complied with and that the information given above D Date Approved D	DIVISION EC 2 2 '92	

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.

·-----

111

فأسرد بسر ورسادين فبراجر والمترا

.

•

... .