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 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Rice Engineerng Corp. 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 160 bbls of Miscellaneous Dry Gas Recompletion Oil Hydrocarbons to Jadco on 3/25/92. Change in Operator Casinghead Gas Condensate

and address of previous operator										Ţ	
II. DESCRIPTION OF WE	LL AND LI	EASE									
Lease Name EME SWD System /		Well No. Pool Name, Included 33						nd of Lease Lease No.		Lease No.	
Location	- L			CVCC	MEN!	7 <u>-</u>			\leq		
Unit LetterK	:	1485	_ Feet	From The _	W Line	14 and	85 F	Feet From The	S	1.:	
Section 33 Tow	roship 19		Rang	_e 37	, NI	мрм,			ea	County	
III. DESIGNATION OF TR	ANSPORT	ED OF C	TT A 2	NES SIATE	DAT CAC				`		
Name of Authorized Transporter of C	or Conde	or Condensate			e address to w	hich approve	d come of this	(a			
Bandera Petroleum,				Address (Give address to which approved copy of this form is to be sent) P O Box 430, Hobbs NM 88240							
Name of Authorized Transporter of C	or Dry Gas			Address (Give address to which approved copy of this form is to be sen!)							
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Sec. Twp. Rge		Is gas actually connected? When			n ?			
f this production is commingled with V. COMPLETION DATA	that from any ot	her lease or	pool, g	ive comming	ling order numb	er:					
Designate Type of Complete	on - (X)	Oil Wel	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res	
Date Spudded	Date Com	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of F	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
erforations								Depth Casing Shoe			
		CUDDIC	CACI	NG AND							
HOLE SIZE CASING & TUBING SIZE					CEMENTING RECORD						
	CACING & TOBING SI.			312	DEPTH SET			SACKS CEMENT			
								 			
							Marian arang arang ay Agai againnya a				
TECT DATE AND DESK					•		*********************		**************************************		
. TEST DATA AND REQUIL WELL (Test must be after	EST FOR A	LLOWA	ABLE						*********		
First New Oil Run To Tank Date of Test					st be equal to or exceed top allowable for this depth or be for full 24 hours.). Producing Method (Flow, pump, gas lift, etc.)						
on Ron To Fank	Date of 1e	SI	•		Producing Med	hod (Flow, pw.	np, gas lift, ei	Ic.)			
ngth of Test Tubing Pressure					Casing Pressure		Choke Size				
•				Cashing Treasure .							
ctual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbls.			Gas- MCF		
GAS WELL	<u>-</u>				<u> </u>						
ctual Prod. Test - MCF/D	Length of	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
sting Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
I. OPERATOR CERTIFI	CATE OF	COMP	LIAN	CE							
I hereby certify that the rules and reg	ulations of the (Oil Conserv	ation	CL	0	IL CONS	SERVA	TION F)IVISIO	N	
Division have been complied with an	d that the infor-	mation give	n above							. *	
is true and complete to the best of m	y knowledge and	d belief.			Date A	Approved	1917	AR 25'S	J. :		
Livy Wal	fee										
Signature / Billy Walker Foreman					By GRIGINAL SIGNED BY JEPRY SEXTON						
Billy Walker Foreman					DISTRICT I SUPERVISOR						

393 9174 Telephone No

Title

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.