Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Lepartment

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT-II P.O. Drawer DD, Anesia, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	TO TR	ANSPORT OIL	AND NAT	TURAL GA					
Operator Rice Engineering Cor			Well A	API No.					
Address	ν•								
122 W Taylor, Hobbs	NM 88240								
Reason(s) for Filing (Check proper box)			Othe	et (Please explai	in)		· · · · · · · · · · · · · · · · · · ·		
New Well	Change in Transporter of: Transportation of 235 bbls of Miscellaneous							aneous	
Recompletion	Oil _	Dry Gas		arbons to					
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		. Pool Name, Includi	ng Formation	· · · · · · · · · · · · · · · · · · ·	Kind o	f Lease	L	ease No.	
EME SWO	m 133)	- •		State,	Federal or Fee			
Location Unit Letter	:_/105_	Feet From TheS	S Line	and _//a	5 Fo	et From The	W	Line	
Section 33 Townshi	, 20	Range .	37 N	мрм,	<u> </u>	_ea	·	County	
III. DESIGNATION OF TRAN	SPORTER OF	OIL AND NATU	RAL GAS	• •					
Name of Authorized Transporter of Oil	X- or Conde			e address to whi	ich approved	copy of this for	m is to be se	int)_	
Bandera Petroleum, Ir	P.O. Box 430, Hobbs NM 88240								
Name of Authorized Transporter of Casinghead Gas or Dry Gas				Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	is gas actually	y connected?	When	7	n te wilde		
If this production is commingled with that	from any other lease of	r pool, give commingl	ing order numb	жг:			· · · · · · · · · · · · · · · · · · ·		
IV. COMPLETION DATA				·	·····				
Designate Type of Completion		i	New Well	Workover	Deepen	ii	ame Res'v	Diff Res'v	
Date Spudded	Date Compl, Ready	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)				Top Oil/Gas Pay			Tubing Depth		
Perforations					W	Depth Casing	Shoe		
TUBING, CASING AND			CEMENTIN	NG RECORI)	·			
HOLE SIZE CASING & TUBING SIZE		UBING SIZE	DEPTH SET			SACKS CEMENT			
-		·····							
									
			 						
V. TEST DATA AND REQUES OIL WELL (Test must be after re	T FOR ALLOW ecovery of total volume		be equal to or	exceed too allow	wable for this	depih or be for	full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)							
Length of Test	Tubing Pressure	Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.			Gas- MCF				
GAS WELL									
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitol, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		······································	Chcke Size			
VI. OPERATOR CERTIFIC	ATE OF COLF	DI TANCE:	<u> </u>			<u>. </u>			
	· -		\parallel	DIL CON	SERVA	ATION D	IVISIO	N ·	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				DEC 22'92					
is true and complete to the best of my knowledge and belief.				Date Approved					
(Lina 10)- NV-	SAC								
Signature /8				By ORIGINAL SIGNED BY JERRY SEXTON					
Billy Walker Foreman				SISTMCT I SUPERVISOR					
Printed Name 393 5174 Title_									
Date	T _1	lenhone No	11						

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.

to be the same

- 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.