Submit 5 Copies
Appropriate District Office DÍSTRICT 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, 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** TO TRANSPORT OIL AND NATURAL GAS Operator Rice Engineering Corp. Address 88240 122 W Taylor, Hobbs NM Reason(s) for Filing (Check proper box) Other (Please explain) Transportation of 160 bbls of Miscellaneous Change in Transporter of:

Dry Gas New Well Hydrocarbons to Jadco on 3/26/92. Recompletion Oil Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE

Lease Name	i	Į	1 001 14	unc, menu	ing Formation	^	1 13.53	of Lease		lease No.
EME SWD System		20	Ma	nume	at Sou	Ande	O State	Federal or Fe	e ·	
Location					<u> </u>	+				
Unit LetterH	_ :_24	75	Feet Fn	om The	N Lin	e and	5 F	ect From The	E	t;
Section 20 Towns	nip 20	0	Range	37	, N	мрм,			Lea	County
III. DESIGNATION OF TRA	NSPORTE	R OF O	IL ANI	D NATU	RAL GAS					
Name of Authorized Transporter of Oil or Conde Bandera Petroleum, Inc.					Address (Give address to which approved copy of this form is to be sent) P.O. Box 430, Hobbs NM 88240					ent)
Name of Authorized Transporter of Casi	nghead Gas		or Dry	Gas	Address (Giv	e address 10 wi	hich approved	l copy of this j	form is 10 be s	ent)
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	ls gas actuall	y connected?	When	?		
f this production is commingled with that	t from any oth	er lease or	pool, giv	e commingl	ing order numi	ber:				
V. COMPLETION DATA										
Designate Type of Completion	n - (X)	Oil Well	0	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res
Designate Type of Completion	1 - (X) Date Comp	i .	<u>i</u>	Gas Well	New Well Total Depth	Workover	Deepen	Plug Back P.B.T.D.	Same Res'v	Diff Res
Designate Type of Completion Date Spudded		ol. Ready to	Prod.	Gas Well	Ì		Deepen	<u> </u>	<u> </u>	Diff Res
Designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc.)	Date Comp	ol. Ready to	Prod.	ias Well	Total Depth		Deepen	P.B.T.D.	th	Diff Res
Designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc.)	Date Comp	ol. Ready to	Prod.		Total Depth Top Oil/Gas I	Pay	İ	P.B.T.D. Tubing Dep	th	Diff Rex
Designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	ol. Ready to	Prod.	ig and	Total Depth Top Oil/Gas I		İ	P.B.T.D. Tubing Dep Depth Casir	th	
Designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations	Name of Pr	ol. Ready to	Prod.	ig and	Total Depth Top Oil/Gas I	Pay	İ	P.B.T.D. Tubing Dep Depth Casir	oth	
Designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations	Name of Pr	ol. Ready to	Prod.	ig and	Total Depth Top Oil/Gas I	Pay	İ	P.B.T.D. Tubing Dep Depth Casir	oth	
Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations	Name of Pr	ol. Ready to	Prod.	ig and	Total Depth Top Oil/Gas I	Pay	İ	P.B.T.D. Tubing Dep Depth Casir	oth	

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, g	as lift, etc.)
Length 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	Length of Test	Bbls. Condensate/MMCF	Gravity 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 Oil Conservation Division have been complied with and that the information given above

is true and complete to the best of my kn	owiedge and belief.
Billy Was	lki .
Signanure Billy Walker	Foreman
Printed Name	Title
3-25-92	393 9174
Date	Telephone No.

OIL CONSERVATI**REQUIPMENSION**

MAR 2 = 1992 Date Approved _ GAGGIST SIGNED BY JERRY SEXTON KISTEKCT : SUPERVISOR

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.