

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATOR		
PRODUCTION OFFICE		

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Rice Oil Company

Address 1301 E. Scharbauer, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)		Other (Please explain)	
<input type="checkbox"/> New Well	Change in Transporter of:		
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner Conoco, Inc. P. O. Box 460, Hobbs, New Mexico 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Meyer's "B" 31-A</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Jalmat Yates -SR</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM-13126</u>
Location Unit Letter <u>F</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>31</u> Township <u>22S</u> Range <u>36E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

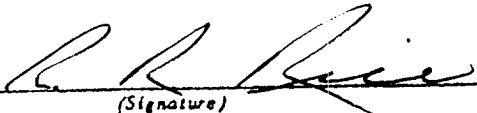
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Texas New Mexico Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1510, Midland, Texas</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Pet. 66, Natural Gas</u>	Address (Give address to which approved copy of this form is to be sent) <u>Bartlesville, Oklahoma 74003</u>
If well produces oil or liquids, give location of tanks. Unit <u>E</u> Sec. <u>31</u> Twp. <u>22</u> Rge. <u>36</u>	Is gas actually connected? <u>Yes</u> When

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.


(Signature)
Owner-Operator
(Title)
August 25, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 29 '88, 19_____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of conditions.
Separate Forms C-104 must be filed for each pool in multiple completed wells.