Form C-104 Revised 1-1-89 See Instruction State of New Mexico Submit 5 Copies Appropriate District Office <u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240 Energy, Minerals and Natural Resources Department at Bottom of Page OIL CONSERVATION DIVISION P.O. Box 2088 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 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 I. Well API No. Operator 30.025.2279 -Alie Enclinetrias Address 7).M. 88240 Reason(s) for Filing (Check proper 122 Transfortation of 40 bbls of Mise Hydrocartons Change in Transporter of: New Well  $\Box$ Dry Gas Oil Recompletion TAdr. on 3-3-95 Casinghead Gas Condensate to Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease No. Kind of Lease Well No. Pool Name, Including Formation Lease Name T 961 H State, Federal or Fee 35 2 Undres Blins by Son dy Co Location 3 Line Feet From The 1873\_Feet From The \_\_\_\_\_ \_ Line and Unit Letter County 37 NMPM 35 22 Range Township Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil Bandera fet or Condensate Bandera Address (Give address to which approved copy of this form is to be sent) or Dry Gas Name of Authorized Transporter of Casinghead Gas Γ When? is gas actually connected? Twp. Rge. If well produces oil or liquids, Unit Sec. give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number. IV. COMPLETION DATA Deepen Plug Back Same Res'v Diff Res'v New Well Workover Gas Well Oil Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded Top Gil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, sic.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Gas- MCF Water - Bbls. Oil - Bbls. Actual Prod. During Test GAS WELL Gravity of Condensate Bbla. Condensate/MMCF Length of Test Actual Prod. Test - MCF/D Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above 1122 05 1993 is true and complete to the best of my knowledge and belief. Date Approved Paul Kauta Wal Silly By\_ Geologian Signature Alker Title Title Printed Name - 3-4 Telephone No. Date

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.

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HECEIVEL MAR U - 1993

Submit 5 Copies	
Appropriate District Office	
P.O. Box 1980 Hobbs NM	\$\$240

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

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

State of New Mexico Energy, Minerals and Namiral Resource **intinent** 

## OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Ι.	TO TR/	ANSPORT OIL	AND NATURAL			
Openior Rice Engineering Cor				Well A	7 No.	
Address				<u> </u>		
122 W Taylor, Hobbs	NM 88240		Other (Please a			
Reason(s) for Filing (Check proper box) New Well	Change in	a Transporter of:	Transportatio		bls of Misce	llaneous
Recompletion	oii 🗌	Dry Gas	Hydrocarbons			
Change in Operator	Casinghead Gas					
and address of previous operator			<u>المحمد المحمد المحم المحمد المحمد المحمد</u>		Constant and	
II. DESCRIPTION OF WELL	AND LEASE			and and a second se		
Blinoury Drinkend	A TO 1 35	Pool Name, Includi	Le Formation	Kibd C State,	(Lease Rederal or Pos	Leen No.
Location /	System					
Unit Letter		_ Feet From The	1/ Line and	233 <sub>+</sub> - P	R From The	Une
Section 35 Townshi	, 22,	Range . 3	7 INMPM	1	.68	County
III. DESIGNATION OF TRAN	ISBODTED OF					
Name of Authorized Transporter of Oil	A or Conde		Address (Cive address )	SCHERE ALL STREET		e sent)
Bandera Petroleum, I		or Dry Gas	P.O. Box 4			
Name of Authorized Transporter of Casin						
If well produces oil or liquids; give location of tanks.	Unit Sec.	Tup. Rss.	Is ges actually summers			
If this production is commingled with that	from any other lease o	r pool, give comming	ing order utmber:			
IV. COMPLETION DATA						A Star Star
Designate Type of Completion	- (X)	II Ges Well	New Well Workow	Deepea	Plug Back Same Re	
Date Spudded	Date Compl. Ready	to Prod.	Total Depth		P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing I	Formation	Top Oil/Gas Pay		Tubing Depth	
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HOLE SIZE	CASING & 1	TUBING SIZE	DEPTHI		BACKS (	EMENT
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V. TEST DATA AND REQUE	ST FOR ALLOW	ABLE		1.545	1	
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A Dard Darlow Treet	Oil - Bbls.		Water - Bbis.	ð ðar - S	Gas-MCF	
Actual Prod. During Test	Chi - Dois.					
GAS WELL						
Actual Prod. Test - MCF/D	Length of Test		Bbis. Condensate/MMK		Gravity of Condensat	
Testing Method (pilot, back pr.)	Tubing Pressure (Sh	iul-in)	Casing Pressure (Shul-i	D ·	Choke Size	
•						
VI. OPERATOR CERTIFIC			OIL C	ONSERV	ATION DIVIS	SION
Division have been complied with and	d that the information g	svoda above			FEB 05 1993	
is the and complete to the best of my	BOWHOPS and Delief.		Date Appro			1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
Billy Walk			ByOBIG		BY IERRY SEXTO	N
Signature Billy Walker	Fc	oreman			SUPPRYISOR	
Printed Name		93 9174	Title	n an an Arthur an Arthur An Arthur an Arthur An Arthur an Arthur	en e	
Date		elephone No.				

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 according with Rule 111 with Rule 111.

All sections of this form must be filled out for allowable on new and recompleted wells. 2)

3) Fill out only Sections I, II, III, and VI for changes of operator, well name of number, transporter, or other such changes. 4) Separate Form C-104 must be filed for each pool in multiply completed wells:

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1-1-19

hit 5 Copies opriate District Office	Energy, Minerals at	nd Natural	Resources Depertment		•	Revised 1-1-97 See Instructions at Bottom of Page
<u>RICT 1</u> Box 1980, Hobbs, NM 88240	OIL CONSE	RVAT	ION DIVISION			
<u>RICT-II</u> Drawer DD, Antenia, NM 88210	F	2.O. Box 7	2088 2088 - 2088			
RICT III Rio Brazos Rd., Azzec, NM 87410	REQUEST FOR ALL	OWABLE		TION		
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Rice Engineering Corp	).		<u> </u>	i		
122 W Taylor, Hobbs M	M 88240					. 6.
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address of previous operator						
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25	B BB Range	31	NMPM.	(L	ea	County
Section J Townshi						
DESIGNATION OF TRAN	SPORTER OF OIL AND	NATUR	AL GAS Address (Give address to whi	ch approved (	opy of this form	is to be sent
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ime of Authorized Transporter of Casin		345 C) /	Address (Give address is whi	ck approved i	apy of this form	n (s to be sent)
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well produces oil or liquids; s location of tanks.		i l			en Antonio de la composición de la composi Antonio de la composición	
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			Top OlVGes Pay	•	Tubing Depth	• •
	Date Compl. Ready to Prod.					Shoe
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