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Appropriate District Office
DISTRICT 1
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

DISTRICT III		Santa F	e, Ne	w M	exico 8750	14-2088				
1000 Rio Brizos Rd., Aztec, NM 87410	REQUEST	FOR A	LLC	WAI	BLE AND	AUTHORI	ZATION			
I.					AND NA	_				
Operator	_						Well	API No.		
Rice Engineering Corp	D				·					
Address 122 W Taylor, Hobbs 1	NM 88240						•			
Reason(s) for Filing (Check proper box)	00240				- X - O1	/D/				
New Well	Chann	e in Transp				er (Please expl			w 3 1	
Recompletion	Oil	Dry G		": 	Iranspo	ortation	ا حقاد ا		Miscella	aneous
Change in Operator	Casinghead Gas	Conde		$\overline{\Box}$	нуштоса	arbons to	o Jauco	U11701 3	792.	
If change of operator give name and address of previous operator						······································		·····		
	ANDIBAGE			· · · · ·						
II. DESCRIPTION OF WELL		io. Pool	Varne	Include	ing Formation	" · · · · · · · · · · · · · · · · · · ·	Vind	of Lease		ease No.
Blively-Drukard.	SWN 1 35		$\Im a$	a a		Λ		Federal or Fe	_	ease No.
Location	102	7			\sim	. 0	77		1	··········
Unit Letter	_:1 <u>0_1</u> 0	Feet F	rom 7	he	Line	and	33_ F	et From The		Line
Section 35 Township	. <i>2</i> 2	Range		31	.	(TO (Lea		_
				<u></u>		мрм,	· · · · · · · · · · · · · · · · · · ·		 	County
III. DESIGNATION OF TRAN			ID N	ATU				·		
Bandera Petroleum, In	1	densale		l		e address to wi				
Name of Authorized Transporter of Casting		or Day	G			Box 430,			240	<u></u>
		3, 0,,	04.		Youress (Oly	E GGGVESS 10 W	иск арргочеа	copy of thus f	orm is to be se	ent)
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.		Rge.	Is gas actually	connected?	When	7		· · · · · · · · · · · · · · · · · · ·
If this production is commingled with that f	rom any other lease	or pool, gi	ve cor	nmingl	ing order numb	er:				
IV. COMPLETION DATA										
Designate Type of Completion	Oil W	/ell	Gas V	Vell	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Read	y to Prod.			Total Depth		1	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	Formation	1		Top Oil/Gas F	Pay		Tubing Depth		
Perforations	L <u></u>							Depth Casin	a Shoe	
									5 U	
	TUBIN	G, CASI	NG A	AND	CEMENTIN	NG RECOR	D	'		
HOLE SIZE	CASING &	TUBING	SIZE			DEPTH SET			SACKS CEM	ENT
:								ļ		
·							· · · · · · · · · · · · · · · · · · ·			
		· · · · · · · · · · · · · · · · · · ·						1	****	
V. TEST DATA AND REQUES	T FOR ALLO	WABLE			· · · · · · · · · · · · · · · · · · ·			\ \		
OIL WELL (Test must be after re	covery of total volu	me of load	oil an	d must					or full 24 hou	rs.)
Date First New Oil Run To Tank	Date of Test				Producing Me	thod (Flow, pu	mp, gas lift, e	ic.)		
Length of Test	Tubing Pressure				Casing Pressu			Choke Size	·	
Example of Texa	Tubing Flessure				Casing Fleasu	10		Cilcut Gizt		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF		
							·			
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condens	iate/MMCF		Gravity of C	ondensate	
The Market Court of the Court o	T									
Testing Method (pilot, back pr.)	Tubing Pressure (S	nui-un)	:	•	Casing Pressu	re (Snut-In)		Choke Size		
VI. OPERATOR CERTIFICA	ATE OF CON	ADI TAN	JCE		lr			1		
I hereby certify that the rules and regula			4CE	•	C	IL CON	ISERV	I NOITA	DIVISIO)N
Division have been complied with and the	hat the information (given above	e					DEC	04'92	
is this and complete to the best of my lo	nowledge and belief				Date	Approved	d	~~V	V 12 UZ	
						• •				
Simenin Bob Fugua BOD Fugua Printed Name	_			_	By_C	RIGINAL S	GNED BY	JERRY SE	XTON	- A.C. THE
Bob Fugua	F				II '		NCT I SUP			
Printed Name		oreman								
14.50=99	39	oreman 93 917			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
- 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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DISTRICT I
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State of New Mexico Energy, Minerals and Natural Resources Depa

Form C-104 Revised 1-1-89 See Instructions

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.		TOTHA	1N25		ANU NA	I UHAL GA	45				
Operator Rico Engineering Cor							Well	API No.			
Rice Engineering Cor	<u>ρ.</u>					· · · · · · · · · · · · · · · · · · ·					
122 W Taylor, Hobbs	NM 882	240			V		•		r		
Reason(s) for Filing (Check proper box)						T (Please expla	-				
New Well		Change in			Transpo	ortation	of 801	obls of	Miscella	aneous	
Recompletion	Oil Casinghea	.d Car 🗀	Dry Ga Condea		Hydroca	arbons to	o Jadco	on/0/2	8 92.		
If change of operator give name	Canagac		Conde	usate	·	·····					
and address of previous operator											
II. DESCRIPTION OF WELL Lease, Name			Pool N	lama Inglist	ing,Formation	 -	1 121 4				
Bline by Kinkard	SWD #	35	3	An In	dres		,	of Lease Federal or Fe		ease No.	
Unit Letter	_: <u>_</u>	72_	Feet Fi	rom The	<u> </u>	and _23	33 F	et From The	E	Line	
Section 35 Townshi	p 20	<u> </u>	Range	3	2 , N M	ирм,		Lea		County	
III. DESIGNATION OF TRAN	SPORTE			D NATU							
Name of Authorized Transporter of Oil Bandera Petroleum, In	, <u> </u>	or Conden	sale						orm is to be se	ent)	
Name of Authorized Transporter of Casing			or Dry	Gas 🗍		Box 430,			<u>240</u> 'orm is to be se		
	·							copy of the j			
If well produces oil or liquids, give location of tanks.	Unit	Sec. 	Тwp.	Rge.	is gas actually	connected?	When	17			
If this production is commingled with that	from any ou	ner lease or	pool, giv	ve comming	ing order numb	er:					
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Dive Beek	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)			349 Well	'''	WORDVE	Deepen	Flug Back	Same Res v	Dill Kesv	
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth			P.B.T.D.	*		
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing Fo	mation		Top Oil/Gas I	Pay		Tubing Depth			
Perforations	<u> </u>							Depth Casin	ig Shoe		
				<u></u>		······································					
HOLE SIZE					CEMENTI		<u>D</u>	· · · · · · · · · · · · · · · · · · ·			
HOLL SIZE	CA	SING & TU	BING	DIZE		DEPTH SET			SACKS CEMI	ENT	
								<u> </u>			
	· 										
V. TEST DATA AND REQUES	T FOR A	LLOW	BLE					<u></u>			
OIL WELL (Test must be after r				oil and musi	be equal to or	exceed top allo	wable for thi	s depth or be	for full 24 how	rs.)	
Date First New Oil Run To Tank	Date of Te	d			Producing Me	thod (Flow, pu	mp, gas lift, e	etc.)			
Length of Test	Tubing Pre	ssure	: _		Casing Pressu	re		Choke Size			
And Date Town											
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL	<u>'</u>				1		- · - · - · - · - · - · - · · · · · · ·				
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conden	nte/MMCF		Gravity of C	ondensate		
Testing Method (pilot, back pr.)	Tubing Pro	essure (Shut-	·in)	······································	Casing Pressu	re (Shut-in)		Choke Size	·		
VI ODED ATOR CERTIFIC	ATTENT		V V A S	·	 	 		<u> </u>		•	
VI. OPERATOR CERTIFIC I hereby certify that the rules and regult Division have been considered with each	ations of the	Oil Conserv	vation	· ·	∥ ⊂	OIL CON	ISERV	ATION	DIVISIC	N ·	
Division have been complied with and is true and complete to the best of my b			in albove	•	Date	Approve	d	00	T 28'92) 	
Billy Walker	/	_				• •					
signature Billy Walker		For	eman		By_			BY JERRY UPERVISO			
Printed Name 10-28-92		393	Tille 7	4	Title.						
Date		Tele	phone N	lo.					•		

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.

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- 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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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

DIAGOU INEW IVICALLU Energy, Minerals and Natural Resources Dep:

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

I.	REQUEST FOR ALLOW	VABLE AND AUTHORIZA OIL AND NATURAL GAS		
Operator		OLE ALL TAKE OF THE GALE	Well API No.	
Rice Engineering (Lorp.			
122 W Taylor, Hobb	os NM 88240			
Reason(s) for Filing (Check proper b		Other (Please explain)	_	
New Well	Change in Transporter of: Oil Dry Gas	Transportation o		
Change in Operator	Casinghead Gas Condensate	Hydrocarbons to	Jadco on 7/14/91	2.
If change of operator give name and address of previous operator				
II. DESCRIPTION OF WE				· · · · · · · · · · · · · · · · · · ·
Bline Dry Drinkard	9. 7. 96	cluding Formation	Kind of Lease State, Federal or Fee	Lease No.
Location	1970	-0		/
Unit Letter	Feet From The	Line and _233	Feet From The	Line
Section 35 Tow	mship 22 Range	37 , nmpm,	Lea	County
III. DESIGNATION OF TR	ANSPORTER OF OIL AND NATIONAL OF Condensale	TURAL GAS		·
Bandera Petroleum,	Inc.	Address (Give address to which P.O. Box 430, H		to be sert)
Name of Authorized Transporter of C	asinghead Gas or Dry Gas	Address (Give address to which	approved copy of this form is	io be seru)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. R	ge. Is gas actually connected?	When ?	
If this production is commingled with IV. COMPLETION DATA	that from any other lease or pool, give comm	ingling order number:	<u> </u>	
Designate Type of Completi	ion - (X) Gas Well	New Well Workover	Deepen Plug Back Same	Res'v Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	<u> </u>
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	· · · · · · · · · · · · · · · · · · ·
Perforations		<u>.</u>	Depth Casing Shoe	
; ;	THENC CACNO AN	TO (TT) (TT) (TT) (TT)		
HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	SACKS	CEMENT
			920110	O CHICITI
V. TEST DATA AND REQU		— 		
OIL WELL (Test must be aft Date First New Oil Run To Tank	er recovery of total volume of load oil and m. Date of Test	Producing Method (Flow, pump,		24 hows.)
Mess.		Troubling Wiedles (Flow, purp)	gas tyt, 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	Bbis. Condensate/MMCF	Gravity of Condense	ale
Testing Method (pitot, back pr.)	Tubing Pressure (Shui-in)	Casing Pressure (Shut-in)	Choke Size	·
VI. OPERATOR CERTIE	ICATE OF COMPLIANCE			• '
I hereby certify that the rules and re	gulations of the Oil Conservation	OIL CONSE	ERVATION DIVI	SION
Division have been complied with a is true and complete to the best of n	and that the information given above		JUL 15	' 92
	free	Date Approved _		
Signature Signature			NED BY JERRY SEXTO	N
Billy Walker Printed Name/	Foreman	DISTRIC	T I SUPERVISOR	
)-14-42	393 9174	Title		
Date	Telephone 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.

Control of the second

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

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OIL CONSERVATION DIVIS. N

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	- ,						Well	API No.			
Rice Engineering Co	rp.										
122 W Taylor, Hobbs	NM 883	240									
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Oil Casinghe	Change is	Dry		Transo	er (Please explo ortation arbons to	of 50	obls of	Miscella //92.	aneous	
f change of operator give name nd address of previous operator								· · · · · · · · · · · · · · · · · · ·			
II. DESCRIPTION OF WELL	AND LE	ASE						- 11 - 11 - 11 - 11 - 11 - 11 - 11 - 1			
Lease Name BliNEPRU-DriNKARD	Swall	2 med No. 35	Pool	Name, Includ	ing Formation		1	of Lease Federal or Fe	_	ease No.	
Unit Letter	18	73 <u> </u>	_ Feel :	From The	n Lin	a and \mathcal{J}	33_ F	eet From The	E	Line	
Section 35 Towns	ip 23	\mathcal{A}	Rang	. 37	. N	мрм.		Lea		County	
III. DESIGNATION OF TRA				ND NATU	RAL GAS						
Name of Authorized Transporter of Oil Bandera Petroleum, 1	inc.	or Conde	nsate		i .	Box 430			orm is to be se 240	nt)	
Name of Authorized Transporter of Casi			or Dr	y Gas		e address to wi				nt)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	ls gas actuall	y connected?	When	7			
f this production is commingled with the V. COMPLETION DATA	t from any ou	her lease or	pool, g	rive comming	ling order numb	per:	esta Personal				
Designate Type of Completion	ı - (X)	Oil Well	ı] 	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to	o Prod.		Total Depth		· · · · · · · · · · · · · · · · · · ·	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of F	roducing F	ormalio	n n	Top Oil/Gas 1	Pay .		Tubing Depth			
Perforations	<u> </u>			7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1				Depth Casin	g Shoe		
		TUBING,	CAS	ING AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CA	SING & TI	JBING	SIZE		DEPTH SET		5	SACKS CEMI	ENT	
					 						
V. TEST DATA AND REQUE OIL WELL (Test must be after					h			a dansh an ha s	for full 24 hour	l	
Date First New Oil Run To Tank	Date of Te		oj ioaa	ou ana musi		thod (Flow, pu			Or jul 24 100		
Length of Test	Tubing Pro	essure			Casing Pressu	re		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL									·		
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conden	sale/MMCF		Gravity of C	codensate		
Testing Method (pitot, back pr.)	Tubing Pri	essure (Shu	l-in)		Casing-Pressu	re (Shut-in)		Choke Size	•		
VI. OPERATOR CERTIFIC Thereby certify that the rules and regulation have been complied with and is true and complete to the best of my	ilations of the I that the info	Oil Conser	vation	.:		DIL CON			0 '92)N	
Billy Walk	lu	÷				Approve		- JUL -	· ************************************	ıN	
Signarure Billy Walker		For	emar		By	ORIG	HNAL SIG	NEO BY JE	VISOR	71 3	
Printed Name 92		- 393			Title.	3	, 3 (5) (1)				
Date		Tele	phone	No.	11						

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1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

· *** ****

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STATE OF ITEM ITEM Energy, Minerals and Natural Resources Dement

Revised 1-1-89
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at Bottom of Page

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

•	TOTRA	ANSPOF	RT OIL	AND NAT	URAL GA	S Well A	PI No		 	
Operator Rice Empreessing	COID.					WEII A				
Address	1111.		no	240						
122 W. Aylor Reason(s) for Filing (Check proper box)	HO.DES,	nm	<u> </u>	Othe	Please explain	'л)	1-01.	Lluden	cadrux	
New Well		n Transporter	r of:	FAN FRONTA	tion of 8	O BBLS	y 7/1136	. Ayaro	CAMAG	
Recompletion	Oil _	Dry Gas	_ <u> </u>	701	0 on 4	1100				
Change in Operator	Casinghead Gas	Condensat	e +	is JAdr	0 on 4	-6-92				
change of operator give name and address of previous operator										
I. DESCRIPTION OF WELL	1 11/ 11 11.	D 1 37-	- Tludia	- Fe-netice		Kind o	f Lease	Le	ease No.	
Lease Name Bline bry Drinkard Su	ואדוכוכ	State State								
Location Unit Letter	: 1872	Feet From	The $\frac{4}{3}$	7 Line	and 23.3	5 Fe	et From The _	East	Line	
Section 3.5 Towns	thip 22	Range	37	, NN	IPM,				County	
II. DESIGNATION OF TRA	NSPORTER OF	DIL AND	NATUI	RAL GAS						
Name of Authorized Transporter of Oil Bandera Petroleum,	or Cond			Address (Give	Box 430,			240	<i>M)</i>	
Name of Authorized Transporter of Cas		or Dry Ga	ıs	Address (Giw	address 10 wh	ich approved	copy of this fo	orm is to be se	nt)	
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.	Rge.	Is gas actually	connected?	When	?			
If this production is commingled with the IV. COMPLETION DATA	at from any other lease o	or pool, give	commingli	ing order numb	per:					
Designate Type of Completic	Oil We	eli Ga	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth		l	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	GR, etc.) Name of Producing Formation				Pay		Tubing Depth			
Perforations				<u></u>			Depth Casir	ng Shoe		
	TUBING	G, CASIN	G AND	CEMENTI	NG RECOR	D	·		EAST.	
HOLE SIZE	CASING &	TUBING SI	ZE		DEPTH SET		SACKS CEMENT			
V. TEST DATA AND REQU	EST FOR ALLOY	VABLE								
OIL WELL (Test must be after	er recovery of total volu	ne of load oil	and must	be equal to or	exceed top all ethod (Flow, pr	owable for th	is depth or be	for full 24 ho	ws.)	
Date First New Oil Run To Tank	Date of Test			Producing M	eurou (<i>r.iow</i> , <i>p</i> i	υπρ, gcs 191,				
Length of Test	Tubing Pressure	,		Casing Press	ure		Choke Size			
Actual Prod. During Test	Oil - Bbls.		·· ·······	Water - Bbls	•		Gas- MCF			
GAS WELL				· · · · · · · · · · · · · · · · · · ·			Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of Test			Bbls. Conde	sate/MMCF					
Testing Method (pitot, back pr.)	Tubing Pressure (S	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIF			CE ·		OIL COI	NSFRV	'ATION	DIVIDI	ON'	
I hereby certify that the rules and r Division have been complied with is true and complete to the best of	egulations of the Oil Cor and that the information	nservation given above			e Approve		APR 0			
Billy Walker	Ø .							SEXTON		
Signature Billy Walker	* <u>*</u> F	oreman		11	PARAMA C					
Printed Name	3	93 9174	ı	Title	·					
7-12-10		Telephone N	0,	11						

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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 Well API No. Operator Rice Engineering Corp. 122 W Taylor, Hobbs NM 88240 Other (Please explain) Reason(s) for Filing (Check proper box) Transportation of 90 bbls of Miscellaneous Change in Transporter of: Hydrocarbons to Jadco on 3-20-92. New Well Dry Gas Oil Recompletion ___ Condensate Casinghead Gas 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 Pool Name, Including Formation Well No. State, Federal of Fee Blinebry-Drinkard SWD system Location 1872 Feel From The Unit Letter. Range 37 22 Section 35 Township III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent)
P.O. Box 430, Hobbs NM 88240 or Condensate Name of Authorized Transporter of Oil Bandera Petroleum, Inc. Address (Give address to which approved copy of this form is to be sent) or Dry Gas Name of Authorized Transporter of Casinghead Gas When? Rge. Is gas actually connected? Twp. If well produces oil or liquids, give location of tanks. l Sec. If this production is commingled with that from any other lease or pool, give commingling order number IV. COMPLETION DATA Plug Back | Same Res'v New Well | Workover Deepen Gas Well Oil Well Designate Type of Completion - (X) P.B.T.D. Total Depth Date Compl. Ready to Prod Date Spudded Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT 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 - Bbis Oil - Bbls. Actual Prod. During Test GAS WELL Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test - MCF/D Length of Test Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) esting Method (pitot, back pr.) OIL CONSERVATION DIVISION VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation MAR 2 0 '91 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved CRISINAL SIGNED BY JERRY SEXTON

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Signature /

Printed Name 3-19-92

Walker

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

DISTRICT | SUPERVISOR

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

Foreman

Title

393<u>9174</u> Telephone No

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

RECEIVED

MAR 2 0 1992

OCD HOBBS OFFICE