District I
PO Box 1980, Hobbs, NM 88241-1980
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-104
Revised October 18, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

# I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

| [1] Operator name and Address | [2] OGRID Number |
|---|---|
| RICE OPERATING COMPANY<br>122 WEST TAYLOR<br>HOBBS, NM 88240 | 019174 |
| | [3] Reason for Filing Code: CO 8-1-98 |

| [4] API Number | [5] Pool Name | [6] Pool Code |
|---|---|---|
| 30 - 0 25-24399 | SWD, SAN ANDRES | 096121 |
| **[7] Property Code** | **[8] Property Name** | **[9] Well Number** |
| 009604 | BLINEBRY DRINKARD, SWD | 002 |

## II. [10] Surface Location

| Ul or lot no. | Section | Township | Range | Lot.Idn | Feet from the | North/South Line | Feet from the | East/West line | County |
|---|---|---|---|---|---|---|---|---|---|
| C | 02 | 22S | 37E | | 660 | N | 2305 | W | 25 |

## [11] Bottom Hole Location

| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

| [12] Lse Code | [13] Producing Method Code | [14] Gas Connection Date | [15] C-129 Permit Number | [16] C-129 Effective Date | [17] C-129 Expiration Date |
|---|---|---|---|---|---|
| S | SWD | | | | |

## III. Oil and Gas Transporters

| [18] Transporter OGRID | [19] Transporter Name and Address | [20] POD | [21] O/G | [22] POD ULSTR Location and Description |
|---|---|---|---|---|
| 037008 | JENEX OPERATING<br>PO BOX 308<br>HOBBS, NM 88241 | 2809371 | O | |
| 012426 | MACLASKEY OILFIELD SERV. INC<br>PO BOX 580<br>HOBBS, NM 88241 | 2809371 | O | |
| 130908 | PATE TRUCKING COMPANY<br>PO BOX 1008<br>HOBBS, NM 88241 | 2809371 | O | |
| | | | | |

## IV. Produced Water

| [23] POD | [24] POD ULSTR Location and Description |
|---|---|
| | |

## V. Well Completion Data

| [25] Spud Date | [26] Ready Date | [27] TD | [28] PBTD | [29] Perforations | [30] DHC, DC,MC |
|---|---|---|---|---|---|
| | | | | | |

| [31] Hole Size | [32] Casing & Tubing Size | [33] Depth Set | [34] Sacks Cement |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## VI. Well Test Data

| [35] Date New Oil | [36] Gas Delivery Date | [37] Test Date | [38] Test Length | [39] Tbg. Pressure | [40] Csg. Pressure |
|---|---|---|---|---|---|
| | | | | | |
| **[41] Choke Size** | **[42] Oil** | **[43] Water** | **[44] Gas** | **[45] AOF** | **[46] Test Method** |
| | | | | | |

[47] I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: Ken Hasten

Printed name: Ken Hasten

Title: General Manager

Date: Phone: (505) 393-9174

**OIL CONSERVATION DIVISION**

Approved by: ORIGINAL SIGNED BY CHRIS WILLIAMS

Title: DISTRICT I SUPERVISOR

Approval Date: AUG 16 1998

[48] If this is a change of operator fill in the OGRID number and name of the previous operator

| Previous Operator Signature | Printed Name | Title | Date |
|---|---|---|---|
| | | | |

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°.
Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

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

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

1. Operator's name and address

2. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.

3. Reason for filing code from the following table:
   - NW New Well
   - RC Recompletion
   - CH Change of Operator (Include the effective date.)
   - AO Add oil/condensate transporter
   - CO Change oil/condensate transporter
   - AG Add gas transporter
   - CG Change gas transporter
   - RT Request for test allowable (Include volume requested)

   If for any other reason write that reason in this box.

4. The API number of this well

5. The name of the pool for this completion

6. The pool code for this pool

7. The property code for this completion

8. The property name (well name) for this completion

9. The well number for this completion

10. The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter.

11. The bottom hole location of this completion

12. Lease code from the following table:
    - F Federal
    - S State
    - P Fee
    - J Jicarilla
    - N Navajo
    - U Ute Mountain Ute
    - I Other Indian Tribe

13. The producing method code from the following table:
    - F Flowing
    - P Pumping or other artificial lift

14. MO/DA/YR that this completion was first connected to a gas transporter

15. The permit number from the District approved C-129 for this completion

16. MO/DA/YR of the C-129 approval for this completion

17. MO/DA/YR of the expiration of C-129 approval for this completion

18. The gas or oil transporter's OGRID number

19. Name and address of the transporter of the product

20. The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.

21. Product code from the following table:
    - O Oil
    - G Gas

22. The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD",etc.)

23. The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.

24. The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank",etc.)

25. MO/DA/YR drilling commenced

26. MO/DA/YR this completion was ready to produce

27. Total vertical depth of the well

28. Plugback vertical depth

31. Inside diameter of the well bore

32. Outside diameter of the casing and tubing

33. Depth of casing and tubing. If a casing liner show top and bottom.

34. Number of sacks of cement used per casing string

If the following test data is for an oil well it must be from a test conducted only after t[illegible] total volume of load oil is recovered.

35. MO/DA/YR th[illegible] new oil was first produced

36. MO/DA/YR that gas was first produced into a pipeline

37. MO/DA/YR that the following test was completed

38. Length in hours of the test

39. Flowing tubing pressure - oil wells
    Shut-in tubing pressure - gas wells

40. Flowing casing pressure - oil wells
    Shut-in casing pressure - gas wells

41. Diameter of the choke used in the test

42. Barrels of oil produced during the test

43. Barrels of water produced during the test

44. MCF of gas produced during the test

45. Gas well calculated absolute open flow in MCF/D

46. The method used to test the well:
    - F Flowing
    - P Pumping
    - S Swabbing

    If other method please write it in:

47. The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report

48. The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person