DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resour

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

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

Ric

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

kice Engineering Co	rp.			IE I			
122 W Taylor, Hobbs	NM 88240						
eason(s) for Filing (Check proper box)			Other (Please	eristete)	en in de la company de la La company de la company d		
w Well		a Transporter of	Transportati	Branch Transport Control	bis of Mis	cellaneous	
nange is Operator	Oil L. Casingheed Gas	Dry Ges	Hydrocarbons				
hange of operator give same		, courses (					
address of previous operator		0					
DESCRIPTION OF WELL		12-4554					
Lineton Dunkard &	Well No.	Pool Name, Inclu	and formation		Classe Poderal Of Pile	Lease No.	
ocation )	· · · · · ·		IMVIVA.		Applied Services A	ACL TO THE RES	
Unit Letter	_:_7150_	Feet From The	Line and 2	250_ N	t From The		
Section /8 Townsh	in 22	Range 3		पुरुष । <b>पुरुष</b> े	<b>68</b>		
		-	, NMPM,		. <b>c</b> a	County	
. DESIGNATION OF TRAN me of Authorized Transporter of Oil	VSPORTER OF O	IL AND NATU	RAL GAS				
Bandera Petroleum, I	nc.		Address (Charless and Box &	e which approved		o by seni)	
ime of Authorized Tressporter of Casis	ighead Gas	or Dry Gas	Address (Chir address )		TO A DESCRIPTION OF THE PERSON		
well produces oil or Houlds;	Unit Sec.	Tup		an and			
iontics of traits.							
is production is commingled with that COMPLETION DATA	from any other lesse or	pool, give documing	tag colet gambles				
	Oil Well	Cas Well					
Designate Type of Completion	· (X)				The same		
le Spudded	Date Compl. Ready to	Prod	Total Depth		73.70		
vations (DF, RKB, RT, GR, etc.)	Name of Producing Po	rmation	Top Oil/Clas Pay				
			. 40		Tubles Depth.		
forations					Depth Casing Shoe	STATE OF THE	
<del></del>	TURING	CASING AND	CEMENTING RECY	APIN .			
HOLE SIZE	CASING & TU		DEPTH 8		BACKS CEMENT		
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TECT NAME AND ADDITION							
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First New Oll Rus To Task	Date of Test	y loss so sis misi	he open to of excent top Producing Method (Find	pareste for the pares per lift an	ten er be jer juli	e News)	
				3			
gth of Test	Tubing Pressure		Casing Pressure		Choke Size		
ual Prod. During Test	Oil - Bbls.		Water - Bble		Jae-MCF		
}					20.0		
S WELL							
ual Prod. Test - MCP/D	Length of Test		Bbls. Condennie/MWCF		Jeavity of Condense		
ing Method (pitot, back pr.)	Tubing Pressure (Shuk-	<b>is</b> )	Cacing Processes (Shid-in)	<b>Y</b> (3)	Doke Size		
-1				44.		*Y-\$63	
OPERATOR CERTIFICA			011.00	MOEDUA			
hereby certify that the rules and regula Division have been compiled with and the	tices of the Off Conserv hat the information give	atios a above	OIL CO	NOERVA	TION DIVI		
	44.44		Date Approv		FEB 1.0 19		
true and complete to the best of any to	nowledge and belief.					AND THE PERSON OF	
Riller III III	nowledge and belief,					STATE OF THE STATE	
Billy Walks	_		By_ORIGINA	SIONED BY			
Billy Welker Billy Welker	Fore	eman	By_ORIGINA				
Billy Walker	Fore	eman Tulana	By_ORIGINA	SIONED BY			

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation 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.

Submut 5 Copies
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 1-1-39
See Instructions
at Bottom of Page

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

## OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brizzos Rd., Azzec, NM 87410
REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator		10 IN	ANSF	OHIO	L AND NA	TUHALG		API No.				
Rice Engineering Co	rp.						WEI	API NO.				
Address						<del></del>			<del> </del>			
122 W Taylor, Hobbs		3240	_									
Reason(s) for Filing (Check proper box) New Well					Ŭ Où	ver (Piease exp	lain)	<del></del>				
Recompletion	0.1	Change in	7		Transp	ortation	of $8\!$	bbls of	Miscell	aneous		
Change in Operator	Oil Casingh		Dry G		Hydroc	arbons t	o Jadèo	on / //	91 🗪 .93	3		
If change of operator give name	Сипади	ENG UNI	Conde	same	<del></del>	<del></del>		· · · · · · · · · · · · · · · · · · ·	<del></del>			
and address of previous operator					····	<del></del>				<del></del>		
II. DESCRIPTION OF WELL	AND LE											
Lease Name  Well No. Pool Name, Included the State of Sta				y = -,			of Lease No. Federal or Fee					
Unit Letter	· · · · · · · ·	1150	_ Feet F	rom The _	S Lin	e and $2$	250 p	eet From The	4)	Line		
Section / 8 Townsh	nip 2x	Z	Range	3	-	мрм,		Lea		County		
III. DESIGNATION OF TRAI	NSPORTI	ER OF O	IL AN	TAN C	IRAL GAS							
Name of Authorized Transporter of Oil Bandera Petroleum, I	! <del>X−</del> ¬	or Condet	sale		Address (Giv	e eddress to w	hich approved	copy of this	form is to be se	ent)		
Name of Authorized Transporter of Casis			D		P.0.	Box 430	<u>Hobbs</u>	NM 88	240	<del>-</del>		
			or Dry		Address (Giv	e eddrest lo w	hich approved	roved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge	is gas actuall	y connected?	When	7		<del> </del>		
If this production is commingled with that	from any ou	her lease or	pool, gr	ve commine	ling order numi	her:		<del></del>		<del></del>		
IV. COMPLETION DATA		···						<del>```</del>	<del></del>	<del></del>		
Designate Type of Completion	- (X)	Oil Well		Cas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth	<del> </del>	·	P.B.T.D.	<u> </u>	-l		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Ges Pay			Tubing Depth					
Perforsitions			J			Depth Casing Shoe						
									.g 01.00			
					CEMENTI	NO RECOR	D	· · · · · · · · · · · · · · · · · · ·				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			BACKS CEMI	ENT			
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	1	<del></del>						<del> </del>				
	<del>                                     </del>								· · · · · · · · · · · · · · · · · · ·			
V. TEST DATA AND REQUE					L	······································			····			
OIL WELL (Test must be after t			of load o	oil and must					or full 24 hour	·s.)		
Date First New Oil Run To Tank	Date of Te	<b>a</b>			Producing Me	thod (Flow, pu	mp, gas lift, e	tc.)				
Length of Test	Tubing Pressure			Casing Pressure			Choke Size	Choke Size				
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF					
GAS WELL	J	-			<u> </u>	<del></del>		l	<del></del>			
Actual Prod. Test - MCF/D	Length of	Test		<del></del>	I Bala Condon	alo A di Vicali		Marries at C				
					Bbls. Condensate/MMCF			Gravity of Condensate				
Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size					
VI. OPERATOR CERTIFIC	ATE OF	COLO	TAN	CT:		<del></del>		L	<u> </u>			
I hereby certify that the rules and reguli Division have been complied with and	ations of the	Oil Conserv	stion .		0	IL CON	SERVA	ATION (	OIŽISIO	N ·		
is this and complete to the best of my i	cowledge an	d belief.			Date	Approved	j	1581 1	g min			
They wathe	Ċ.								· · · · · · · · · · · · · · · · · · ·			
		_			By ORIGINAL SIGNED BY JERRY SEXTOR							
Printed Name. Foreman					DISTRICT I SUPPRISOR							
1-19-13		393	Ty 174	ļ	Title_							
Date		Telep	hone No	).								
						فسيند والمتاكن						

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.

1999

Submit 5 Copies
Appropriate District Office
DISTRICT 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 Instruction at Bottom of Page

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2083 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No Rice Engineering Corp. Address 122 W Taylor, Hobbs NM 88240 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Transportation of bbls of Miscellaneous Hydrocarbons to Jadco on 10 10 92. Recompletion Oil Dry Gas Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Dease Name Pool, Name, Is gluding Formation Kind of Lease Lease No. CLUE BE State, Federal or Fee Location Line Lea NMPM County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil  $\succeq$ Address (Give address to which approved copy of this form is to be sent) Bandera Petroleum, Inc. P.O. Box 430, Hobbs NM 88240 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When ? give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth erforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT 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 Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas 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 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 is this and complete to the beg of my knowledge and helief DEC 21'92 Date Approved \_ By ORIGINAL SIGNED BY JERRY SEXTON Foreman DISTRICT | SUPERVISOR

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

Date

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.

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

393 7119 74

Telephone No

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