Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources D

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

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Rice Engineering Co	rn.							Wel	API No.			
Address												
122 W Taylor, Hobbs	NM 88	3240						رکسی				
Reason(s) for Filing (Check proper box)						Oth	er (Please exp	lain) 5	····			
New Well		Change i	_	porter of:		Transp	ortation	of 💯	bbls of	Miscell	aneous	
Recompletion	Oil		J Dry (_	7				o on ///			
Change in Operator	Casingh	ead Gas _	_ Cond	iensate [
and address of previous operator												
II. DESCRIPTION OF WELL touse Name \[\lambda \]	AND LE		T2 ''									
Klimbry-Durkard &	of Clux	18	. Pool	Name, Incl	luding	Formation			d of Lease c, Federal or Fe		ease No.	
Unit Letter		150	Feet 1	From The	<		e and _ di	350	Feet From The	70	1:	
19	<u> </u>			3	11		C 400				Line	
Section 10 Townsh	ijp (1) (1)		Rang	<u>e</u>	1	, NI	мрм,		Lea		County	
II. DESIGNATION OF TRAI				ND NAT	rur.	AL GAS						
Name of Authorized Transporter of Oil Bandera Petroleum, I		or Conde	nsale		_ ^				d copy of this j	form is to be s	eni)	
Name of Authorized Transporter of Casin			or D-	y Gas	- ,		Box 430			240	···	
	igical Gas	<u> </u>	or Dr	y G11 [^ لـ	Codress (GIW	e addreis to w	hick approve	d copy of this j	form is to be s	ent)	
If well produces oil or liquids, in its liquid	Unit	Sec.	Twp.	l R _i	ge. li	gas actually	y connected?	Whe	n ?			
f this production is commingled with that	from any of	her lease or	pool, g	rive commi	ingling	order numb	oer:					
V. COMPLETION DATA		Oil Wel	, ,	Gas Well		New Well	177-4	7	1	1= -	- L	
Designate Type of Completion	- (X)	1011 4761	"	Oas Well	-	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	ipl. Ready t	o Prod.		1	otal Depth		<u>.L</u>	P.B.T.D.	·		
Elevations (DF, RKB, RT, GR, etc.)	Name of 1	Producing F	ormatio	NO.	1	Top Oil/Gas Pay			Tubing Dep	th		
erforations	<u> </u>								D 11 5 1			
									Depth Casin	ig Shoe		
	•	TUBING	CAS	ING AN	D CI	EMENTIN	NG RECOR	D	<u> </u>			
HOLE SIZE		SING & T					DEPTH SET		1 .	SACKS CEM	ENT	
	ļ-				_	- \ 						
	 				+							
. TEST DATA AND REQUE	ST FOR	ALLOW	ABLE	Ē.								
OIL WELL (Test must be after t	recovery of 1	otal volume	of load	oil and mu	usi be	equal to or	exceed top allo	wable for th	is depth or be j	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te	a			Pr	oducing Me	thod (Flow, pu	vmp, gas lift,	etc.)			
ength of Test	Tubing Pro	essire			C	asing Pressur		 	Choke Size			
•						Comming recognite						
Actual Prod. During Test	Oil - Bbls.				W	Water - Bbls.			Gas- MCF			
GAS WELL	 								.1			
Actual Prod. Test - MCF/D	Length of	Test			Bi	bls. Condens	ate/MM/CF		Gravity of C	ondensate		
esting Method (pitot, back pr.)	Tubing Pro	essure (Shu	-in)		٠,	asing Pressui	m /Shut-in)		Choke Size			
			_,	:	$\cdot \mid$		(onus-11)		Choice Size	•		
I. OPERATOR CERTIFIC	ATE OF	COMP	LIA	NCE :								
I hereby certify that the rules and regul	ations of the	Oil Conser	vation		- []	С	IL CON	SERV	ATION (DIVISIO	N ·	
Division have been complied with and	that the info	rmation give	en abov	e	- 11				Nov	1 0		
is true and complete to the best of my!	кломіслес в	na beller.				Date	Approved	d	NUV	10'92		
Billy Walker												
Signature Billy Walker		For	eman			Ву	ORIGINA	L SIGNED	SY JERRY CSY SMOOTH	SEXTON		
Printed Name 97			Tiller 1917			Title_	D)	(4) (E66-5+7-1	≠ ~metV2C	· 11		
Date	··-		phone h					· · · · · ·				

- 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.

Submit 5 Copies
Appropriate District Office
DISTRICT 1
2.0. Box 1989, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Dep. e

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

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

OIL CONSERVATION DIVISION P.O. Box 2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Upenior Pice Engineering Co	rn					Well	API No.		
Rice Engineering Co	ı.h.								
122 W Taylor, Hobbs	NM 88240								
eason(s) for Filing (Check proper box)			Out	er (Please expl	ain)	· ····	· · · · · ·	
ew Well		e in Transporte	er of:	Transpo	ortation	of SO	bbls of	Miscella	aneous
ecompletion	Oil	Dry Gas		Hydroca	arbons t	o Jadco	on/0/2	ያ 92 .	
hange in Operator change of operator give name	Casinghead Gas	Condensa	ite		····				
d address of previous operator							· 		
. DESCRIPTION OF WEL									
ease Name	-N Well !	No. Pool Nam	e, Includ				of Lease		ease No.
Slinebry Ninkard &	50 Systems 8		n W	Kares		State,	Federal or Fe		
Unit Letter	_:_1/50_	Feet From	n The	SLin	and <u>62</u>	5Q_ F	et From The .	W	Lir
Section / Towns	ship 22	Range	آ ۽	ς) _Ν	ирм,		Lea		County
									County
I. DESIGNATION OF TRA ame of Authorized Transporter of Oil	NSPORTER OF	OIL AND	NATU		e address to wi	h'ab anns	t a amount de la de		
Bandera Petroleum,	1 1				Box 430			ovm us 10 08 31 240	enu)
ame of Authorized Transporter of Cas		or Dry Ga			e address to wi				rnt)
well produces oil or liquids,	Unit Sec.	T	n -						···
ve location of tanks.		Twp.	Rge.	is gas actually	connected?	When	7		
this production is commingled with the COMPLETION DATA	at from any other lease	or pool, give o	commingli	ing order numb	xer:				
Designate Type of Completio	n - (X)	Vell Gas	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Resiv
ate Spudded	Date Compl. Read	y to Prod.		Total Depth	<u> </u>	1	P.B.T.D.	1	
evations (DF, RKB, RT, GR, etc.)	Name of Producing	g Formation		Top Oil/Gas I	Pay	<u></u> -	Tubing Dept	th .	
erforations					·		Depth Casin	g Shoe	
								_	
		G, CASINO		CEMENTI	NG REC'OR	D			
HOLE SIZE	CASING &	TUBING SIZ	E		DEPTH SET	 		SACKS CEM	ENT
		•							
				· · · · ·			 		
······································							 		
TEST DATA AND REQUI									
L WELL (Test must be after the First New Oil Run To Tank	recovery of total volu	me of load oil i	and must					or full 24 hou	rs.)
NE LUZ IAEM ON KUD 10 120K	Date of Test			Producing Me	thod (Flow, pu	υπφ, gas iyi, e	uc.j		
ength of Test	Tubing Pressure			Casing Pressu	re		Choke Size		
ctual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF		
AS WELL							L		
ctual Prod. Test - MCF/D	Length of Test			Bbis. Condens	iate/MMCF		Gravity of C	ondensate	
								<u>.</u>	
sting Method (pitot, back pr.)	Tubing Pressure (S	hut-in)	: .	Casing Pressu	re (Shut-in)		Choke Size		
I. OPERATOR CERTIFIC	CATE OF CON	ΔΡΙ JANC	E						
I hereby certify that the rules and reg			·_ ·		OIL CON	ISERV	ATION I	DIVISIO	N
Division have been complied with an	d that the information	given above					OUT 9	מחי מ	
is true and complete to the best of m	v knowledge and belief	ı .		Date	Approve	d	OCT 2	0 92	
Rill, Walker					. ,			-	
Signature /	-		 -	By_	ORIGINAL	SIGNED B	Y JERRY S	EXTON	
Billy Walker		oreman			•		IPBRVISOR		
Printed Name	3	93 9174		Title.					
Date		Telephone No.						÷,	
		siepiione 140.		H					

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.

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico .nergy, Minerals and Natural Resources Depart. ...t

Form C-104 Revised 1-1-89 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 Brazos Rd., Azzec, NM 87410

I.	REQUEST		ABLE AND AUTHOR		
Operator Rice Engineering Co				Well API No.	•
Address		** · · · · · · · · · · · · · · · · · ·			
122 W Taylor, Hobbs Reason(s) for Filing (Check proper box			Other (Please exp		<u></u>
New Well		e in Transporter of:	Transportation		iscellaneous
Recompletion	Oil	Dry Gas		to Jadeo on10/18/	92.
Change in Operator If change of operator give name	Casinghead Gas	Condensate]		
and address of previous operator		· · · · · · · · · · · · · · · · · · ·		·	
II. DESCRIPTION OF WELL	L AND LEASE				
bluesty - Menkard & Location	System Well P	No. PookName, Inch	uding Formation (U)	Kind of Lease State, Federal or Fee	Lease No.
Unit Letter	_:	Feet From The		950 Feet From The _	W Line
Section / C Towns	hip 85	Range 3	7 , NMPM,	Lea	County
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil	NSPORTER OF	OIL AND NAT	URAL GAS	_	,
Bandera Petroleum,		densate	P.O. Box 430	hich approved copy of this form	
Name of Authorized Transporter of Casi	nghead Gas	or Dry Gas	Address (Give address to w	 Hobbs NM 8824 thich approved copy of this form 	
If well produces oil or liquids,	Unit Sec.	Twp. Rg			19 (19 19 19 19 19 19 19 19 19 19 19 19 19 1
give location of tanks.	_ii			When 7	
f this production is commingled with the V. COMPLETION DATA	· · · · · · · · · · · · · · · · · · ·		gling order number:		
Designate Type of Completion	' ' I	1	New Well Workover	Deepen Plug Back Sa	me Res'v Diff Res'v
Date Spudded	Date Compl. Read	to Prod.	Total Depth	P.B.T.D.	·
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations				Depth Casing S	hoe
	TUBIN	G, CASING ANI	CEMENTING RECOR	<u>'</u>	
HOLE SIZE	CASING &	TUBING SIZE	DEPTH SET	~ — — — — — — — — — — — — — — — — — — —	CKS CEMENT
					
					·
'. TEST DATA AND REQUE OIL WELL Test must be after					
Date First New Oil Run To Tank	Date of Test	ne of load oil and mus	Producing Method (Flow, pu		full 24 hours.)
•			reading riculos (riow, pa	onp, gas 191, etc.)	
ength of Test	Tubing Pressure		Casing Pressure	Choke Size	
Actual Prod. During Test	Oil - Bbls.	· · · · · · · · · · · · · · · · · · ·	Water - Bbis.	Gas- MCF	
GAS WELL					
Actual Prod. Test - MCF/D	Length of Test		Bbis. Condensate/MMCF	Gravity of Cond	ensale
esting Method (pilot, back pr.)	Tubing Pressure (Sh	ut-in)	Casing Pressure (Shut-in)	Choke Size	<u>'.</u>
I. OPERATOR CERTIFIC I hereby certify that the rules and regul Division have been complied with and	ations of the Oil Cons	ervation	OIL CON	ISERVATION DI	VISION
is true and complete to the best of my	knowledge and belief.	IVEN AUCYE	Date Approved	d	
Duly Walker			By <u>GRIGINA</u>	Lingned by bay	
Signification Si		reman	图 图 图 图	¥ - []	OWNTE
10 - 19 - 93 Date		3 9174	Title	***	
		r	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.

The state of the s

- 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.

Submit 5 Copies
Appropriate District Office
DISTRICT | P.O. Box 1980, Hobbs, NM 88240

State of New Mexico nergy, Minerals and Natural Resources Depart. Lat

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 1000 Rio Brazos Rd., Azzec, NM 87410

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator		TOTE	RANSPO	ORT C	IL AND N	ATURAL	GAS				
Rice Engineering	Corp.							II API No.			
Address						··-					
122 W Taylor, Hot Reason(s) for Filing (Check proper	bs NM 88	240							*		
New Well	box)	0	·- 		<u> </u>	ther (Please ex	plain)				
Recompletion	Oil	Change	in Transpor		Transp	portatio	r of 160	bbls of	Miscel	laneous	,
Change in Operator	Casinghe	ad Cas	Conden		Hydrod	carbons	to Jado	o on/C/17	792.		
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WI	ELL AND LE	ASE									
Lease Name Blina Ding - Drin Hold	System	Well No.	Pool Na	me, inclu	ling Formation		Kin	d of Lease			
Location Location	SUDA 199	18		lu (¿	Kalca	ک)		e, Federal or Fee	;	Lease No.	
Unit Letter	. 114	$\overline{\Omega}$	- . -	_	S		1167		1.		
10			_ Feet Fro	m The _ クロ	Li	ne and	15 <u>C</u>	Feet From The _	\mathcal{U}	Li	ne
Section / () To	vnship 03		Range	<u>ر'ك</u>	, N	ІМРМ,		Lea		County	
III. DESIGNATION OF TI	RANSPORTE	R OF O	IL AND	NATI	IDAL CAS				-		
Tradeporter of t	√ı, b \	or Conde	nsate		Address (Gi	ve address to v	vhich approve	d copy of this fo	em is to be	****()	
Bandera Petroleum, Name of Authorized Transporter of (INC.				J P.O.	_Box 430	 Hobbs 	NM 882	240		
,			or Dry G	st	Address (Giv	ve address 10 w	vhich approve	d copy of this fo	rm is to be s	reni)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actuall	y connected?	When	n ?			
If this production is commingled with IV. COMPLETION DATA	that from any orbi							Marie 11 Ye	AND STORY SHOW	Service of the servic	• 22
IV. COMPLETION DATA		er resse of	poor, grve	comming	ling order numi	ber:			4.50		
Designate Type of Complete	ion - (X)	Oil Well	Ga	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	-
Date Spudded	Date Compi	. Ready to	Prod.		Total Depth	L	1	<u> </u>	- A		
Elemina (DE DVO) - S- D-			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing Fo	mation		Top Oil/Gas I	Pay		Tubing Depth			-
Perforations					l	· · · · · · · · · · · · · · · · · · ·		5			
		<u> </u>						Depth Casing	Shoe		
HOLE SIZE	77	JBING,	CASINO	AND	CEMENTIN	NG RECOR	I)				
11000 0120	CASI	NG & TU	BING SIZ	Ε	<u> </u>	DEPTH SET		SA	CKS CEM	ENT	
								 			
								ļ			
V. TEST DATA AND REQU	EST FOR AL	LOWA	DIE								\dashv
OIL WELL (Test must be aft	er recovery of Iola	l volume o	SDLE I load oil a	and must i	be equal to or a	exceed ton allo	wahla fan shia	المسالات المسالات			
Date First New Oil Run To Tank	Date of Test				Producing Met	hod (Flow, pu	mp, gas lift, ei	c.)	Juli 24 how	's.)	\neg
Length of Test	Tubing Day		· .								1
•	Tubing Press	ure			Casing Pressur	2		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			4
GAS WELL Actual Prod. Test - MCF/D											
TOTAL TEST - MCH/D	Length of Ter	ıt			Bbis. Condense	ILE/MMCF		Gravity of Con	densate	**	_
esting Method (pilot, back pr.)	Tubing Press	re (Shut-i	n)		Casing Pressure	(Shut-in)		Choke Size	•.		
· · · · · · · · · · · · · · · · · · ·			·	١.	,	(2		Cloke 2176	•		
I. OPERATOR CERTIFI	CATE OF C	OMPL	IANCE	Ε					<u></u>		
I hereby certify that the rules and reg Division have been complied with an	id that the informs	tion missan	tion		0	IL CON	SERVA	TION DI	VISIO	N	
is the and complete to the best of m	y knowledge and b	belief.	above		5.						
Billy Islathe	_				Date A	Approved			F. Transfer		
Signature	-	_			By ⊖	RIGINAL	Oscale	D. D.			
Billy Walker	·	Fore	man			<u>aranka.</u> Troj		U BY RAY	SMITI	+	_
700 19-92		393 ^T	74	_	Title	.# 					
Date								95			_

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.

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.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources D

e Instruction at Bottom of Page

DISTRICT II

OIL CONSERVATION DIVISION

P.O. Drawer DD, Artesia, NM 88210			Box 2088				**	
DISTRICT III	Sar	nta Fe, New 1	Mexico 875	504-2088			*	
1000 Rio Brazos Rd., Aztec, NM 874	110						,	
_	REQUEST FO							
I.	TO TRA	NSPORT C	IL AND NA	ATURAL C	SAS		14.4	
Operator						API No.		
Rice Engineering C	Corp.							
Address								
122 W Taylor, Hobb	s NM 88240						11 1-1	
Reason(s) for Filling Assettiptoper	(x). (3. (*).		- 	her (Please exp	1-1-1	· · · · · · · · · · · · · · · · · · ·		
New Well		Transporter of:						· •
Recompletion		Dry Gas		ortation				laneous
Change in Operation		Condensate	Hydroc	arbons t	to Jadeo	on $IQ'I$	192.	
	panighead Oat	Concentate	· · · · · · · · · · · · · · · · · · ·					
If change of operator give name and address of previous operator								
LEGGE Name Sild S								
174	well No.	Pool Name, Inclu	ding Formation)		of Lease		Lease No.
Minesty-Archard	1 10	a Dul	udres	\$	State	, Federal or F	.	
Location ($(-1/\sqrt{2})$		Ç	•			101	
Unit Letter		Feet From The	()	e and 30	350.		$\mathcal{L}(\mathcal{L})$	
)A	10	20	U0	E 100	/ h	eet From The		Line
Section / U Town	nship OO	Range 01	N	мрм.		Lea		- .
				1417 1419			****	County
III. DESIGNATION OF TRA	ANSPORTER OF OU	AND NATI	IRAL GAS					
Name of Authorized Transporter of Oi	or Condens	ile	Address (Giv	me address to m	hick annuau	d name of this	Carry la ta ha a	4)
Bandera Petroleum,				Box 430				enu)
Name of Authorized Transporter of Ca		or Dry Gas	Addres (Civ	e address to w	, HUUUS	NM 88	240	
•	•	2., 320	Addiess (O/V	- 000FE33 10 W	nuch approved	copy of thus	form is to be s	ent)
If well produces oil or liquids,	Unit Sec. 7	Np. Rge	. Is gas actuall		1330			
give location of tanks.		l Kgc	. Is gas acting	y connected?	When	! 7	r of States	100
If this production is commingled with the	nat from any other lease or no	ol give commine	rling order numl	<u></u>			the state of the s	
IV. COMPLETION DATA		or Bro contain	ping order num	·			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
	Oil Well	Gas Well	New Well	Workover	Deepea	No Park		
Designate Type of Completic	on - (X)	1	1	j workover	i neebest	I Flug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to P	rod.	Total Depth	l	خنسا	12222	1	
			, , , , , , , , , , , , , , , , , , , ,			P.B.T.D.		,
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Form	nation	Top Oil/Gas	Day		 		
, , , , , , , , , , , , , , , , , , , ,		MUOII	1 op Oil Car.			Tubing Dep	th	
Perforations							.,1	
				•		Depth Casin	g Shoe	
		·				<u> </u>		
	TUBING, C	ASING AND	CEMENTIN	NG RECOR	D			
HOLE SIZE	CASING & TUBI	NG SIZE		DEPTH SET			SACKS CEM	ENT
							y (*)	•
The second secon								
The second secon						†		·
and the same of th						 		
. TEST DATA AND REQUI	SFOR ALLOWAB	LE	· 			<u> </u>	51.7.5	
IL WELL (Test must be after	recovery of total volume of i	load oil and musi	be equal to or	exceed too allo	wable for this	denik or he f	or full 24 hour	rr l
ate First New Oil Run To Tank	Date of Test		Producing Met				<u> </u>	
•				,	··· • • • • • • • • • • • • • • • • • •	,	150	•
ength of Test	Tuhing Program		Casina Program			Chaka Ciaa		· · · · · · · · · · · · · · · · · · ·
-	Tubing Pressure		Casing Pressur	16		Choke Size		
actual Prod. During Test	0.1 811	· · · · · · · · · · · · · · · · · · ·	11/			 		
rou. During 1641	Oil - Bbls.		Water - Bbls			Gu- MCF	77	
			<u> </u>					
GAS WELL								
Actual Prod. Test - MCF/D	Length of Test		Bbis. Condens	ale/MMC F	<u> </u>	Gravity of C	no deceste	
4	- CARLON CONTRACTOR		1			CHETRY OF C		

Testing Method (pilot, back pr.)

VI. OPERATOR 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 above is this and complete to the best of my knowledge and belief.

393 ^{Till} 174 Telephone No

⊸Foreman

OIL CONSERVATION DIVISION

Choke Size

Charles Harry

.

OCT 0 7 '92 Date Approved

BY SEIGNAL SIGNED BY JERRY SEXTON

DISTRICT | SUPERVISOR Title.

ited in compliance with Rule 1104

INSTRUCT itsed 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.

Casing Pressure (Shut-in)

- 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.

Tubing Pressure (Shut-in)

RECEIVED

OCT 0 7 1992

OCD HOBBS OFFICE

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

Operator

State of New Mexico Energy, Minerals and Natural Resources De

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 AUTHORIZ	ZATION
TO TRANSPORT OIL AND NATIONAL GA	S

Other (Please explain) Transportation of	Wall API No.
Transportation of	
Transportation of	
Transportation of	
Transportation of	While of Miconlingonic
	do on a logical
Hydrocarbons to Ja	dco on 8 128 92.
g Formation	Kind of Lease No.
105	State, Federal or Fee
S_ Line and _2251	Peet From The Line
, NMPM,	Lea County
RAL GAS	
Address (Give address to which app	proved copy of this form is to be sent)
AULITES (UTVE GOOFETS TO WAICH EPS	arms copy of the form a to ord sent)
	When ?
ng order number:	
New Wall Washame Dec	spen Pfug Báck Same Res'v Diff Res'v
Total Depth	P.B.T.D.
Top Oil/Gas Pay	Tubing Depth
	Depth Casing Shoe
	DAGUE CEUENT
DEPTH SET	SACKS CEMENT
· · · · · · · · · · · · · · · · · · ·	
se equal to or exceed top allowable	for this depth or be for full 24 hours.)
Producing Method (Flow, pump, ga	s lift, etc.)
	Chake Size
Casing Pressure	Choke Size
Water - Bbls.	Gas- MCF
Bbls. Condensate/MI/ICF	Gravity of Condensate
Caring Programs (Status)	Choke Size
OU DONOT	DVATION DIVIDION
OIL CONSE	RVATION DIVISION
D-4- 4	AUG 28'92
Date Approved	
By	
	NED BY JERRY SEXTOM
i e	T I SUPERVISOR
	Line and

- 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.

RECEIVED

AUG 2 8 1992

OCD HOBBS OFFICE

تستغدد معاه كالمعسك Energy, Minerals and Natural Resources Department

Revised 1-1-89 See Instruction

DISTRICT-II P.O. Drawer DD, Anenia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Disc Engineering Co	. FD						Well	API NO.		
Rice Engineering Co	11 h •									·
122 W Taylor, Hobbs	NM 882	40								
eason(s) for Filing (Check proper box					TY Oth	er (Please expl	ais)			
ew Well		Change in	Transpor	rter of:	— .	ortation	- A	hhle of	Miscella	aneniis
ecompletion	Oil		Dry Gas			arbons t				
hange in Operator	Casinghead	Gu 🗍	Conden		nyuruc	aruuns t	U Jaucu	011872) 74 •	
change of operator give name d address of previous operator							·		····	
DESCRIPTION OF WEL	LANDIEA	CE					·			
ease Name _			Pool Ma	me Includ	ag Formation		Kind	of Lease	1	ease No.
Bling Ly Drinkan	a referred	10	(3)	n /	Nice		I	Federal or Fe	_	
Unit Letter	:_1/E	0	Feet Fro	om The	S Lie	e and _25	750 F	et From The	_W	Lir
Section / Town:	ship	22	Range	3/	Z , м	мрм,		Lea		County
. DESIGNATION OF TRA	NSPORTE	R OF O	II. Á NI	NATTI	DAT. GAS					
ame of Authorized Transporter of Oil	 X 	or Conden			Address (Giv	e address to w	hich approved	copy of this	form is to be se	ini)
Bandera Petroleum,	Inc.			· ·	P.0.	Box 430	Hobbs	NM 88	240	
ame of Authorized Transporter of Cau	inghead Gas		or Dry (Sas 🔲	Address (Giv	e address to w	hich approved	l copy of this	form is to be se	int)
well produces oil or liquids, e location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actuall	y connected?	When	7	s on the second second	
his production is commingled with the COMPLETION DATA	at from any other	r lease or p	pool, give	comming						
Designate Type of Completio	n - (X)	Oil Well	G	as Well	New Well	Workover	Despea	Plug Back	Same Res'v	Diff Res'v
ate Spudded	Date Compl	l. Ready to	Prod.		Total Depth	<u> </u>	1	P.B.T.D.	<u> </u>	<u> </u>
evations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing Fo	rmation		Top Oil/Gas	Pay		Tubing Dep	oth .	·
· · ·							···			
rforations								Depth Casia	ng Shoe	
	77	IBING	(MSTN	G AND	CEMENTI	NG RECOR	ח	!	· 	
HOLE SIZE		ING & TU			1	DEPTH SET		1	SACKS CEM	ENT
			4		-	00. 11. 00.		 		
			•							
										
				·····						
TEST DATA AND REQUI	ST FOR A	LLOWA	BLE				-			
L WELL (Test must be after	recovery of low	al volume o	of load of	l and must					for full 24 how	rs.)
te First New Oil Run To Tank	Date of Test				Producing Me	thod (Flow, pu	mp, gas lift, i	HC.)		
ngth of Test	T. Line Dave		· · · · · · · · · · · · · · · · · · ·		Casing Pressu			Choke Size		
iligui or rest -	Tubing Press	sure			Casing Freeze	iie.				
tual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF		
AS WELL				<u> </u>	l			1		
itual Prod. Test - MCF/D	Length of To	લા			Bbls. Conden	sate/MMCF	 	Gravity of C	Condensale	
		·							organização	
ting Method (pitot, back pr.)	Tubing Pres	sure (Shul-	16)		Casing Pressu	re (Shut-ib)		Choke Size		•
. OPERATOR CERTIFIC	CATE OF	COMPI	LIAN	CE				: -:	D	
I hereby certify that the rules and reg					C	DILCON	ISERV	NOHA	DIVISIO)N
Division have been complied with an	d that the inform	nation give			[[6116	1 4 100	•
is this and complete to the best of my	knowledge and	belief.			Date	Approve	d	AU	14'92	
D'Mis Walke	-								•	
_pully no					By	ORIGINAL	SIGNED O	V IEDDY -		
Signature Billy Walker		Fore	eman		By	DIS	TRICT I SU	IPERVISOR	►XTON	
Printed Name 8-/3-97		393	Tÿ1974		Title.			•	<u></u>	
Date 8 TO TO			hone No		[[

- 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.

RECEIVED
AUG 1 3 1992
OCD HOBBS OFFICE

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

_ Energy, Minerals and Natural Resources Department

Revised 1-1-89
See Instructions at Bottom of Page

OIL CONSERVATION DIVISION <u>DISTRICT II</u> 2:0. Drawer DD, Anesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

TOWN NO BRIZOS Rd., AZIEC, NM 8/4	REQUEST FOR	R ALLOWAI						
Operator	· · · · · · · · · · · · · · · · · · ·	SPUNI UII	L AND NA	TORAL G		API No.		
Rice Engineering C	orp.							
122 W Taylor, Hobb			V					
Reason(s) for Filing (Check proper bo				et (Please expl				
Recompletion	Change in Tr	ransporter of:		ortation				aneous
Change in Operator		Condensate	нуштоса	arbons t	o Jauco	UII / 10C) 72 •	
If change of operator give name and address of previous operator				·				
II. DESCRIPTION OF WEL	LL AND LEASE							
Lease Name	· · · · · · · · · · · · · · · · · · ·	ool Name, Includ) = ;·		1 -	of Lease Federal or Fed		ease No.
Location (1540m 1 18	orn il	nares.		CSCALE,		<u>-</u>	
Unit Letter	:F6F6	eel From The	S Line	e and <u>22</u>	50 Fe	et From The	ω	Line
Section / Town	nship 🚓 R	ange 3	7 .N	мрм.	1	Lea		County
								
Mame of Authorized Transporter of Oi	ANSPURIER OF OIL or Condensat			e address 10 wi	hich approved	copy of this fo	orm is to be si	eni)
Bandera Petroleum,	Inc.		i .	Box 430			240	
Name of Authorized Transporter of Ca	isinghead Gas on	r Dry Gas	Address (Giv	e address to wi	hich approved	copy of this fo	orm is to be se	ent)
If well produces oil or liquids, give location of tanks.	Unit S∞c. T	wp. Rge.	Is gas actually	y connected?	When	7		
If this production is commingled with the	hat from any other lease or poo	ol, give comming	ling order numb	ber:	L			
IV. COMPLETION DATA					1 -	1 2 2 1	1	
Designate Type of Completion	on - (X)	Gas Well	New Well	Workover	Deepen	Plug Back 	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Pr	od.	Total Depth	•	•	P.B.T.D.	<u> </u>	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Form	valion	Top OiVGas 1	Pay		Tubing Dept	ੀ ਮ	
Perforations						Depth Casin	g Shoe	
			· · · · · · · · · · · · · · · · · · ·					
1101 5 0175		ASING AND	CEMENTI		D	τ		
HOLE SIZE	CASING & TUBI	NG SIZE	<u>.</u>	DEPTH SET		3	SACKS CEM	ENI
								
V. TEST DATA AND REQU	EST FOR ALLOWAB	LE	<u> </u>			l		
•	er recovery of total volume of t		t be equal to or	exceed top allo	wable for this	depth or be f	or full 24 hou	rs.)
Date First New Oil Run To Tank	Date of Test		Producing Me	thod (Flow, pu	ump, gas lift, e	ic.)		
Length of Test	Tubing Pressure		Casing Pressu	ıre	 	Choke Size		
Actual Book During Test	0.1 Ph		Water - Bbls.		.	Gas- MCF		
Actual Prod. During Test	Oil - Bbls.		Water - Boia					
GAS WELL								
Actual Prod. Test - MCF/D	Length of Test		Bbls. Conden	sate/MMCF		Gravity of C	ondensate	
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	5	Casing Pressu	ire (Shut-in)		Choke Size		
,		· ·	ـــــــ			<u></u>	· · ·	•
VI. OPERATOR CERTIF		•		DIL CON	ISERV	NOITA	DIVISIO)N
I hereby certify that the rules and re Division have been complied with a							•	
is this and complete to the best of n			Date	Approve	d	JUL 27	42	
K'Mywal	er .							
Signature			By	ORIGINAL			EXTON	
Printed Name	Foren		Tille		TRIGT I SU	IP E RVISOR		
7-25-93	393 ^T ,		Title					
Date	Telepho	one No.	11					

- 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.

200

المراجعة ا المراجعة ال

., **

44.

%,

1

1.1

.