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

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

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

State of New Mexico Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

ĭ.		WABLE AND AUTHORIZA	TION
Operator	10 TRANSPORT	OIL AND NATURAL GAS	
Rice Engineering (	Coro.		Well API No.
Address			
122 W Taylor, Hobb	s NM 88240		
Reason(s) for Filing (Check proper be		Other (Please explain)	
New Well	Change in Transporter of		
Recompletion	Oil Dry Gas	ווט ווטבטבטבטבטבטבטון טוו	bbls of Miscellaneous
Change in Operator	Casinghead Gas Condensate	Hydrocarbons to J	aucu on 6/23 92.
If change of operator give name and address of previous operator			
II. DESCRIPTION OF WEI			
Bin by Drinkard	System   Well No.   Pool Name, In	noticing Formation	Kind of Lease No.
Unit Letter	:150 Feel From The	e SLine and 2250	Feet From The Line
Section /8 Town	nship 22 Range	37 NMPM.	Lea County
III. DESIGNATION OF TR.	ANSPORTER OF OIL AND NA	TURAL GAS	COMIN)
trains of vortions and stansporter of Or	or Condensate	Address (Give address to which a	oproved copy of this form is to be sent)
Bandera Petroleum,	Inc.	P.O. Box 430, Ho	
Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (Give address to which ap	oproved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.			When 7
If this production is commingled with the IV. COMPLETION DATA	nat from any other lease or pool, give comm	ningling order number:	
Designate Type of Completic	on - (X)	New Well Workover De	epen Plug Back Same Res'v Diff Res'v
Dute 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
Perforations			Depth Casing Shoe
		•	Depth Casing Snoe
	TUBING, CASING AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
. TEST DATA AND REQUE	ST FOR ALLOWARIE		
ate First New Oil Run To Tank	recovery of total volume of load oil and m	Producing Method (Flow, pump, gas	or this depth or be for full 24 hours.)
ength of Test		From cing Weeked (From, purp, 23	
•	Tubing Pressure	Casing Pressure	Choke Size
ctual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
GAS WELL		- <u> </u>	
ctual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
sting Method (puot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
·	<u> </u>		Chock 5/26
I. OPERATOR CERTIFIC	CATE OF COMPLIANCE		
I hereby certify that the rules and regularization have been complied with and	that the information given above	OIL CONSER	RVATION DIVISION
is true and complete to the heat of my	knowledge and belief.	Date Approved	
Belly Walker	<u>←</u> (₩2	- No. 10 10 10 10 10 10 10 10 10 10 10 10 10	
Billy Walker	Foreman	By	PAY SMITH
Printed Name Le-23-92	+393 9174	Title	
Date	Telephone 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 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

JUN 2 & 1242

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

Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVIS ON

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., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Rice Engineering Co							Well API No.				
Address	<u></u>		<del></del>			<u></u>	·				
122 W Taylor, Hobbs	NM 88240										
Reason(s) for Filing (Check proper box				TX OU	ner (Please exp	lain)		<del></del>			
Vew Well	Chang	ge in Trai	nsporter of:		ortation		hhls of	Miscell	anenus		
Recompletion	Oil	Dry	Gas 🔲		arbons t				aricous		
Change in Operator	Casinghead Gas	☐ Cor	ndensate	J - J			(	,46.			
change of operator give name address of previous operator											
. DESCRIPTION OF WEL											
ease Name Blindry Drinkand &	System Well No. Pool Name, lock		Name, Includ	ding Formation			Kind of Lease Le				
ocation Drinkant Si			ian H	Indres		Federal or Fee		e	<u></u>		
Unit Letter	<u>: 1150</u>	Feel	From The _	<u>S</u> Lie	e and <u>22</u>	5 <u>0                                    </u>	eet From The .	W	Line		
Section / S Towns	hip 22	Ran	ge 37	, N	мрм,		Lea		County		
T. DESIGNATION OF TRA	NSPORTER OF	OII. A	ND NATU	PAT CAS							
table of Authorized Lizzusporter of Oil	⊢ <del>X </del> or Cot	densate		Address (Giv	e address 10 w	hich approved	copy of this f	orm is to be se	ent)		
Bandera Petroleum,				P.0.	Box 430	. Hobbs	NM 88	240	.,,		
Jame of Authorized Transporter of Cas	inghead Gas	or D	ory Gas		e address to w				ini)		
well produces oil or liquids,	Unit Sec.	Twp	Rge.	le gae actuall	v connected?	1 32	•		<del></del>		
ve location of tanks,	<u>i</u> i .	i	i				1 <i>f</i>				
this production is commingled with the COMPLETION DATA	t from any other lease	or pool,	give comming	ing order num	per:						
	loit w	'ell	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completionate Spudded	Date Compl. Read		<del></del>	·		<u> </u>			<u>ii</u>		
	Date Compi. Read	у 10 гтоа.	•	Total Depth			P.B.T.D.				
evations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth				
erforations				1			Depth Casing Shoe				
							Deput Casing	g Suos			
	TUBIN	G, CAS	SING AND	CE.MENTI	NG RECOR	D	<u></u>	· · · · · · · · · · · · · · · · · · ·			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
	<del></del>			: 			ļ	<del></del>			
						<del></del>					
						····	ļ	<del></del>			
TEST DATA AND REQUE				<del></del>	<del></del>		<del> </del>				
L WELL (Test must be after te First New Oil Run To Tank	recovery of total volum	re of load	d oil and must	be equal to or	exceed top allo	wable for this	depih or be fo	or full 24 how	5.)		
is rink new Oil Kun 10 1ank	Date of Test			Producing Me	thod (Flow pw	mp, gas lift, ei	(c.)				
ngth of Test	Tubing Pressure			Casing Pressure			Choke Size				
	Oil - Bbls.			<u> </u>							
tual Prod. During Test				Water - Bbls.			Gas- MCF				
AS WELL	<u> </u>	<del></del>				··		· · · · · · · · · · · · · · · · · · ·	<del></del>		
itual Prod. Test - MCF/D	Length of Test			Bbls. Condens	te/MMCF		Gravity of Co	ndensate	<del> </del>		
							•				
ting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shul-in)			Choke Size				
. OPERATOR CERTIFIC	TATE OF COM	PLIA	NCF					·	<del></del>		
I hereby, certify that the rules and regu-	ations of the Oil Cons	ervation		0	IL CON	SERVA	TION D	DIVISIO.	Ν		
Division have been complied with and	that the information g	ven abov	/e				11 181	0.1.100	•		
is true and complete to the beg of my	knowledge and belief.			Date	Approved	i	JUN	0 1 '92			
Delly , In a	· · · · · · · · · · · · · · · · · · ·				• •						
Signature	•			Ву		gned by					
Billy Walker Foreman				Paul Kautz							
Printed Name /- 97	. <b>€ •</b> → 39	3 Tijif7	4	Title_	Geol	og <b>ist</b>					
Date Date		lephone !									
		r	1	I							

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