

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Rice Engineering Corporation

Address  
122 W. Taylor, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	Change of operator for the Blinebry
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	Drinkard Salt Water Disposal System
	<input type="checkbox"/> Dry Gas	effective November 15, 1989
	<input type="checkbox"/> Condensate	

operator Agua, Inc., a Division of Petro-Thermo Corporation  
If change of ownership give name and address of previous owner P. O. Box 1978, Hobbs, New Mexico 88241

II. DESCRIPTION OF WELL AND LEASE

Lease Name Blinebry- Drinkard SWD System	Well No. 18	Pool Name, including Formation San Andres	Kind of Lease State, Federal or Fee State	Lease No. SWD-078
Location				
Unit Letter N	1150	Feet From The south	Line and 2250	Feet From The west
Line of Section 18	Township 22 South	Range 37 East	NMFM, Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
None - SWD	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
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 that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

S. A. Haktanir  
S. A. Haktanir (Signature)  
Division Manager (Title)  
November 15, 1989 (Date)

OIL CONSERVATION DIVISION

DEC 19 1989

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_  
BY \_\_\_\_\_  
Orig. Signed by  
Paul Kautz  
Geologist  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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NOV 17 1989

OCD  
HOBBS OFFICE