Submit 5 Copies

3.O. Box 1980. Hobbs. NM 88240

ADDITION LISTED TO THE CONTROL OF TH

P.O. Drawer U.D. Artesta. NM 88210

DISTRICT

ale of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe. New Mexico 87504-2088

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

61428

| 1300 Rio Brazos Rd., Attec. NM 874 | AEQUEST FOR ALLOW | VARIE AND AUTHORI | ZATION | |
|--|---|-------------------------------------|--|--|
| I | TO TRANSPORT | CIL AND NATURAL G | 48 | |
| poerator | | | reil Ari No | |
| Address | INC. | | 30-025- 2750YOD | |
| | 10, MIDLAND, III 19710-1 | 310 | | |
| Reason(s) for Filing (Check proper of | ax) | ther if lease expu | aun) | |
| New Well Recompletion | Change in Transporter of: | - to correct das | Gatherer from El Paso Natural | |
| Change in Operator | Oil Dry Gas Condensate | \equiv Gas Co. to Sid | Richardson Carbon à Gasoline | |
| If change or operator give name and address or previous operator | - Concente | — Company. | | |
| · — | • | - | | |
| Lease Name | | andra Carran | | |
| Rhodes Storage | , , , | <u>Yates 7-</u> Rivers | State) Federal or Fee B-7183-/ | |
| Location | | , | | |
| Unit Letter | Feet From The | ine and 8 | 60 Feet From The Wine | |
| Section /6 Tow | 26-S Range 37 | 7 – E . N MPM . | Lea | |
| | | | County | |
| Name of Authorized Transporter of O | ANSPORTER OF OIL AND NA | TURAL GAS | | |
| | of Contention | Address (Give address to we | nich approvea copy of inis form is 10 oe senti | |
| Name or Authorized Transporter of C | | Address (Give address to we | uch approved copy of this form is to be sent! | |
| Sid Richardson Carbo | | 201 Main Street | | |
| give location of tanks. | Unit Sec. Twp. | ge. 1 is gas actually connected? | When ? | |
| If this production is commingled with i | that from any other lease or your gure | unging order number: | /0/74 | |
| IV. COMPLETION DATA | SID HICHARDSON GASC | (1.40 %) - 50. 3 <mark>/1/</mark> 9 | 93 | |
| Designate Type of Completi | ion - (X) | i New Well Workover | Deepen Plug Back Same Res v Diff Res v | |
| Date Spudded | Date Compt. Ready to Prod. | Total Depth | P.B.T.D. | |
| El. | | , | ; F.D. I.D. | |
| Elevations (DF, RKB, RT, GR, etc.) | Name or Producing Formation | Top Oil/Gas Pay | Tubing Depth | |
| Perforations | | | Death Co | |
| | | | Depth Casing Shoe | |
| LOI FOR | | ND CEMENTING RECOR | D | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | |
| | | | | |
| | | | | |
| . TEST DATA AND REQU | FST FOR ALLOWABLE | | | |
| OIL WELL Test must be after | | rust be equal to or exceed top allo | wable for this depth or be for full 24 hours.i | |
| Date First New Oil Run To Tank | Date of Test | Producing Method (Flow, pu | mp. gas isfi, etc.: | |
| ength of Test | Tyling Program | Carina | | |
| | Tubing Pressure | Casing Pressure | Choke Size | |
| Actual Prod. During Test | Oil - Bbis. | Water - Bbis. | Gas- MCF | |
| | | | | |
| GAS WELL Actual Prod. Test - MCF/D | | | | |
| THE TEST - MICE/D | Length of Test | Bbis. Condensate/MMCF | Gravity of Condensate | |
| esting Method (puot, back pr.) | Tubing Pressure (Shut-m) | Casing Pressure (Shut-in) | Choke Size | |
| | | | | |
| L OPERATOR CERTIF | ICATE OF COMPLIANCE | 011 0011 | | |
| I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above | | OIL CON | OIL CONSERVATION DIVISION | |
| is true and complete to the best of my knowledge and belief. | | Data Approxima | Date Approved FEB 07'92 | |
| Como Ri | 100.8 | Date Approved | | |
| Signature | | By Calcinal | By ORIGINAL SIGNED BY JERRY SEXTON | |
| Connie L. Malik, Regulatory Compliance Rep. | | 72'5' | 12'STRICT E SUPERVISOR | |
| 1/22/92 | Tide 915-688-6891 | Title | | |
| Date | Telephone No. | FOR RECOI | RD ONLY APR 30 1993 | |
| | | 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.
- 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.

OCD HOBBS OF

APR 2 8 1993

RECEIVED