Submit 5 Copies Appropriate District Office DISTRICT I	State of New Mexico Energy, Minerals and Natural Resources Department							Form C-104 Revised 1-1-89 See Instructions			
P.O. Box 1980, Hobbe, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088								at Botto	m of Page	
P.O. Drawer DD, Anesia, NM 88210 DISTRICT III		Sa	nta Fe		exico 875	04-2088					
1000 Rio Brazos Rd., Azzec, NM 87410 I.					BLE AND AND NA			4			
Operator								II API No.			
Address	RIDIAN	OIL	INC.	•				30-025-1	1559	OL	
[]	<u>P. O.</u>	BOX 5	181(), MID	LAND,	TX 79	710181	0			
Reason(s) for Filing (Check proper box) New Well		Change in	Transver	where of	Ou	ter (Please ex	piain)				
Recompletion	Oil		Dry G							:	
Change is Operator		d Gas 💢	Condet								
and address of previous operator UNI	ON TEX	AS PETI	ROLEU	M CORP	: P.O. E	BOX 2120	; HOUST	ON, TX	77252		
IL DESCRIPTION OF WELL	AND LE	ASE Well No.	Bool M	eme lackud	ng Formation	<u>R974</u>		192		ase No.	
Blocker		7			inebry),	tubb Dr		Federal or Fe			
Location	. 89	0				14	550		17		
Unit LetterC	_ :89	0	, Feet Fr	om The \underline{N}	Lir	e and	000	Feet From The	W	Line	
Section 13 Township	25	S	Range	37	<u>E , n</u>	MPM,	Lea			County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	L AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil X or Condensate					Address (Give address to which approved copy of this form is P.O. Box 2528, Hobbs, NM 88240					nt)	
Name of Authorized Transporter of Casing	_	X	or Dry	Gas 🔲	ļ			net copy of this			
SID RICHARDSON CARBO		s co.	-				_	Worth, T	X 76102		
If well produces oil or liquids, give location of tanks.	Unait	Sec. Twp. Rgs. is gas actually connected? When				KE ?	17				
If this production is commingled with that it IV. COMPLETION DATA	from any oth	er lease or	pool, giv	e comming	ing order sum	ber:					
[Oil Well		Gas Weil	New Well	Workover	Deeper	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		<u> </u>	_i_		Truck Darah	i		<u> </u>	İ	i	
	Data Com	pl. Ready to	PTOC		Total Depth			P.B.T.D.	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing Fo	mation	<u></u>	Top Oil/Gas Pay			Tubing Dep	Tubing Depth		
Perforations					L			Depth Casia	ng Shoe		
HOLE SIZE		BING, CASING AND (CEMENTING RECORD			SACKS CEMENT			
									······		
V. TEST DATA AND REQUES OIL WELL (Test must be ofter re				il and must	he equal to a	exceed top a	llowable for	this depth or be	for full 24 hour	7.)	
Date First New Oil Run To Tank	Date of Ter		.,			ethod (Flow,					
Length of Test	Tubing Pressure				Casing Press			Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis	-		Gas- MCF			
GAS WELL	!	<u>.</u>					<u>. </u>				
Actual Prod. Test - MCF/D	Length of	lest			Bbis. Conde	ante/MMCF		Gravity of	Condensate		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-m)				Casing Processe (Shut-in)			Choke Size	Choke Size		
······································			_,					 			
VI. OPERATOR CERTIFIC.				ICE			NSER	VATION	DIVISIO	N	
I hereby certify that the rules and regula Division have been complied with and t	hat the infor	mation give						nai z	, o 1201		
is true and complete to the best of my is					Date	Approv	ed	<u>ue</u> n			
Marin I-H	 DR				_						
Signature Por	3	D.	14	sit.	By_	ORIGI		IED BY JERF T I Supervis			
Printed Name		1 800	Title	,	Title		UTO I ITI C	1 1 JUFEK VI			
Date	1/5-	688 Teles	-6 <i>90</i> shome N	1 <u>.</u>						, <u> </u>	

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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.

All sections of this form must be filled out for allowable on new and recompleted wells.
Fill out only Sections L II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

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RECEIVED