District I PO Box 1980, Hobbs, NM 88241-1980

District II 811 South First, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

## State of New Mexico Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505

Form C-104 Revised October 18, 1994 Instructions on back Submit to Appropriate District Office 5 Copies

☐ AMENDED REPORT

2040 South Paci I	•		FOR A	LLOWABI	E AND	) ATT	THORE	ZATI	ON TO TR	ANSP	ORT		
I. REQUEST FOR ALLOWABLE AND AUTHORIZATI  Operator name and Address  RICE OPERATING COMPANY									<sup>1</sup> OGRID Number 019174				
122 WEST TAYLOR									<sup>3</sup> Reason for Filing Code				
HOBBS, NM 88240  API Number  Pool Name									CO 8-1-98				
30-0 25-11787 SWD, SAN ANDRES						ooi Name				* Pool Code 096121			
<sup>7</sup> Property Code <sup>1</sup> Property Code <sup>1</sup> Property Code <sup>2</sup> JUSTIS SWD							perty Name			02	Well Number		
	Surface 1	ocation			<del></del>	· · · · · · · · · · · · · · · · · · ·							
Ul or lot no.	Section	Township	Range	Lot.Idn	Feet from t		North/South Line		Feet from the	East/W	est line	County	
N	26	25S	37E	<u> </u>	<del>330</del> 3	46	S		- <del>1650</del>	W		25	
UL or lot no. Section Township Range Lot Idn Feet from the North/Son										T=			
OL OF IOU NO.	Section	Township	Range	Lot Idn	Feet from	the	North/South line		Feet from the	East/W	est line	County	
<sup>12</sup> Lse Code P	<sup>13</sup> Producii SWD	ng Method Cod	e <sup>14</sup> Gas	Connection Date	" C-1	29 Permi	t Number	'	C-129 Effective l	Date	" C-1	129 Expiration Date	
		<u>Cransporte</u>	rs										
	11 Transporter OGRID		Transporter Name and Address			<sup>28</sup> POD 21 O/G			<sup>22</sup> POD ULSTR Location and Description				
1			OPERATING			2809389 o							
000000000000000000000000000000000000000		PO BOX 30 NOBBS, NM	308 NM 88241										
012426	M	IACLASKEY	OILFI	ELD SERV.	INC 2	80938	19	0			•		
	2202222222	PO BOX 58 NBBS, NM											
130908					809389								
. PO		O BOX 10				.009309							
· ·									·				
IV. Prod	uced Wa	iter			00000000	********	***********		<b>a</b>			· · · · · · · · · · · · · · · · · · ·	
23	POD		-		24	POD UI	STR Locati	ion and l	Description				
V. Well	Complet	ion Data											
<sup>15</sup> Spud Date		<sup>24</sup> R	16 Ready Date 27			TD "PBTD		TD	29 Perforations			³ DHC, DC,MC	
31 Hole Size			32 Casing & Tubing Size			33 Depth S		et	34 Sac		cks Cement		
												······	
VI. Well	Test Da	ita						<del></del>			<del></del>		
			elivery Date 37 Test D		t Date	Test Length		ngth	39 Tbg. Pressure		4 Csg. Pressure		
41 Choke Size		43	Oil	il 49 Wate		44 Gas		45 AOF			44 Test Method		
47 I hereby cert with and that the knowledge and	ne information	les of the Oil Co	onservation E	Division have been uplete to the best of	complied f my		<b>O</b> :	IL CO	) NSERVAT	ION	DIVIS	SION	
Signature:	A	to la	A			Approv	ed by:	ORIGI	NAL SIGNED	BY CH	RIS WII	LIAMS	
Printed name:	Ke	n Hasten		-		Title:			DISTRICT 1	SUPER	WISOR		
Tide: General Manager							Approval Date:						
Date: Phone: (505) 393-9174							AUG 1 9 1998						
4t If this is a	change of op	erstor fill in the	OGRID nu	mber and name	of the previo	ous opers	tor						
	Previous	Operator Signa	lure	- -		Print	ed Name			•	litle	Date	
<u></u>		<del></del>											

## New Mexico Oil Conservation Division C-104 Instructions

## IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

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

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

- Operator's name and address
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- Reason for filing code from the following table:

  NW New Well

  RC Recompletion

  CH Change of Operator (Include the effective date.)

  AO Add oil/condensate transporter

  CO Change oil/condensate transporter

  AG Add gas transporter

  CG Change gas transporter

  RT Request for test allowable (Include volume requested)

  If for any other reason write that reason in this box. 3.

- 4 The API number of this well
- The name of the pool for this completion 5.
- The pool code for this pool 6.
- The property code for this completion 7.
- The property name (well name) for this completion 8.
- The well number for this completion 9.
- The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter. 10.
- The bottom hole location of this completion 11.
- Lease code from the following table: 12.
  - Federal State
  - Fee Jicarilla

S

- Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table: 13.
  - Flowing Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a gas transporter 14.
- The permit number from the District approved C-129 for 15. this completion
- MO/DA/YR of the C-129 approval for this completion 16.
- MO/DA/YR of the expiration of C-129 approval for this completion 17.
- The gas or oil transporter's OGRID number 18.
- 19. Name and address of the transporter of the product
- The number assigned to the POD from which this product will be transported by this transporter, If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20.
- Product code from the following table: O Oil G Gas 21.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD";etc.) 22.
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 23.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank"; "Jones CPD Water Tank", etc.) 24. 11
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce
- Total vertical depth of the well 27.
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- Write in 'DHC' if this completion is downhole commingled with another completion, 'DC' if this completion is one of two non-commingled completions in this well bore, or 'MC' if there are more than three non-commingled completions in this well bore. 30.

- 31. Inside diameter of the well bore
- Outside diameter of the casing and tubing 32.
- Depth of casing and tubing. If a casing liner show top and bottom. 33.
- 34. Number of sacks of cement used per casing string

If the following test data is for an oil well it must be from a test conducted only after t' total volume of load oil is recovered.

- MO/DA/YR that new oil was first produced
- 36. MO/DA/YR that gas was first produced into a pipeline
- MO/DA/YR that the following test was completed 37.
- 38. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 39.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40.
- 41. Diameter of the choke used in the test
- 42. Barrels of oil produced during the test
- 43. Barrels of water produced during the test
- 44. MCF of gas produced during the test
- 45. Gas well calculated absolute open flow in MCF/D
- 46. The method used to test the well: Flowing Pumping Swabbing
  - If other method please write it in.
- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report 47.
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 48.