Appropriate Chause Office DISTRICT | P.O. Box 1980, Hobbs, NM 88240 DISTRICT_II P.O. Drawer DD, Anesia, NM 88210

OIL CONSERVATION DIVISAON P.O. Box 2088

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Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410		Sam	ia re,	IAEM IAI	exico 6/30	M- 2000				,
_	REQU					AUTHORIZ				
I. Operator		OTHAN	15PC	JH I OIL	ANU NA	TURAL GA	Nell /	PI No.		·
Rice Engineering Cor	rp.						<u></u>			
122 W Taylor, Hobbs	NM 882	40								
Reason(s) for Filing (Check proper box)	·	·			Oth	et (Please explo	in) Pr			
New Well		Change in T	ransport	ter of:	Transpo	ortation	of OC	blsoof	Miscella	aneous
Recompletion U	Oil Caringhaad		Ory Gas	_	Hydroca	arbons to	Jadco	on 8//9	7192.	
If change of operator give name and address of previous operator	Casinghead	011	Condens	31e						
II. DESCRIPTION OF WELL	ANDIFA	SF		····						
I taxo Name	me tocludi	ng Formation	Menin		of Lease No. Federal or Fee					
Location The	11/N" Z	11	Mich	CCRO	<u> </u>	scount.	al	rederat or re	<u></u> 7 \	
Unit Letter /	_ : ? _ ((L) F	Feet From	m The	ÜLin	and 14:	33 	et From The	\mathcal{L}	Line
Section 26 Townsh	ie 35	'R	Range	37	, NI	ирм,	(_ea		County
III. DESIGNATION OF TRAIT	VSPORTE	OF OIL	AND	NATU				·		
Bandera Petroleum, I	1 '	or Condensa	ite [ì	e address io wh Roy 430				ru)
Name of Authorized Transporter of Casinghead Gas or Dry Gas					P.O. Box 430, Hobbs NM 88240 Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids,	Unit	S∞. T	№ р.	Rge.	ls gas actually	connected?	When	7		
give location of tanks.				L			i			
If this production is commingled with that IV. COMPLETION DATA	from any oute	ricase or po	∞≀, gave	comming	ing order numb	×er:			·	
Designate Type of Completion	- (X)	Oil Well	G	s Well	New Well	Workover	Deepes	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top OiVGas Pay			Tubing Depth		
Perforations						•		Depth Casing Shoe		
	771	IDDIC C		~ · · · · ·		.a n=aan				
HOLE SIZE	TUBING, CASING AND				1			SACKS CEMENT		
71000 3120	CASING & TUBING SIZE				DEPTH SET			SAONS CEMENT		
	-									
V. TEST DATA AND REQUE	ST FOR AL	LLOWAL	BLE					<u> </u>		
OIL WELL (Test must be after		al volume of	load oil	and musi					for full 24 how	·s.)
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, pump, gas lift, etc.)					
Length of Tes	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gss- MCF		
										-
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
Tesung Method (pilot, back pr)	Tubing Pressure (Shul-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC	'ATE OF	COMPI	JANO	CF.						
I hereby certify that the rules and regu						DIL CON	SERV)N
Division have been complied with and is true and complete to the best of my			above	; •				AUG 1	9 '92	
$\sim 1.1\%$. Jener.			Date	Approved	t			
Billy Wal	Ku				Ву	ORIGINAL	SIGNED (LY JEDDY	SEXTON	£
Signature Billy Walker		Fore	man			DIS	THETIS	UPERVISO	8	*

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title.

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

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Telephone No.

- 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.

