Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Shergy, Minerals and Natural Resources Departs.

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

| I.                                                                                                                                                                                                         |                                | OTRA                                  | NSPC        | OHI OIL     | AND NA                                 | TURAL GA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 | . DI X                     |                 |             |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------|-------------|-------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------|-----------------|-------------|--|--|
| Operator Rice Engineering Corp.                                                                                                                                                                            |                                |                                       |             |             |                                        | Well API No.<br>30 C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                            |                 | 25-11787    |  |  |
| Address<br>122 W Taylor, Hobb                                                                                                                                                                              | s. NM                          | 88240                                 |             |             |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                            | • •             |             |  |  |
| Reason(s) for Filing (Check proper box)                                                                                                                                                                    | ,,,,,,,                        |                                       |             |             | Oth                                    | T (Please expla                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | zin)            |                            |                 |             |  |  |
| New Well                                                                                                                                                                                                   |                                | Change in                             | Transpor    | nter of:    | Trancr                                 | ortation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | of 50           | bblc o                     | f Miccol        | laneous     |  |  |
| Recompletion                                                                                                                                                                                               | Oil                            |                                       | Dry Gas     | · 📙         |                                        | carbons t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                            |                 |             |  |  |
| Change in Operator                                                                                                                                                                                         | Casinghead                     | d Gas                                 | Condens     | sate 🗌      | Hydroc                                 | Jarouns (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 | , r di che                 | SING UN         | J/ J/ J & • |  |  |
| If change of operator give name and address of previous operator                                                                                                                                           |                                |                                       |             |             |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                            |                 | <del></del> |  |  |
| II. DESCRIPTION OF WELL                                                                                                                                                                                    | AND LEA                        |                                       |             |             |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                            |                 |             |  |  |
| Lease Name  JUSTIS Swy N Well No. Pool Name, Inclu                                                                                                                                                         |                                |                                       |             |             |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 | nd of Lease No.  Lease No. |                 |             |  |  |
| Location Unit LetterN                                                                                                                                                                                      | 34                             | 6                                     | Feet Fro    | om The 🚣    | Line                                   | and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 33 <sub>F</sub> | et From The                | W               | Line        |  |  |
| Section 26 Townsh                                                                                                                                                                                          | ip 25                          | · · · · · · · · · · · · · · · · · · · | Range       | 37          | , NI                                   | ирм,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                            |                 | County      |  |  |
| III. DESIGNATION OF TRAP                                                                                                                                                                                   | NSPORTE                        | R OF OI                               | L ANI       | NATU        |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                            |                 |             |  |  |
| Name of Authorized Transporter of Oil<br>Bandera Petroleum, 1                                                                                                                                              |                                | or Condens                            | sate        |             | 1                                      | e address to whom X 430, H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |                            |                 | nt)         |  |  |
| Name of Authorized Transporter of Casin                                                                                                                                                                    |                                |                                       | or Dry (    | Gas         | <del></del>                            | e address to wh                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u>        | ·                          |                 | nt)         |  |  |
| If well produces oil or liquids, give location of tanks.                                                                                                                                                   | Unit                           | Sec.                                  | Twp.        | Rge.        | Is gas actually                        | y connected?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | When            | When?                      |                 |             |  |  |
| If this production is commingled with that IV. COMPLETION DATA                                                                                                                                             | from any other                 | er lease or p                         | oool, give  | e comming   | ling order numl                        | per:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                            |                 |             |  |  |
| Designate Type of Completion                                                                                                                                                                               | - (X)                          | Oil Well                              | G           | as Well     | New Well                               | Workover                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Deepen          | 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 Oil/Gas Pay                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 | Tubing Depth               |                 |             |  |  |
| Perforations                                                                                                                                                                                               |                                |                                       |             |             | Depth Casing Shoe                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                            |                 |             |  |  |
|                                                                                                                                                                                                            | Т                              | UBING.                                | CASIN       | IG AND      | CEMENTI                                | NG RECOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | D               | <u> </u>                   |                 |             |  |  |
| HOLE SIZE                                                                                                                                                                                                  | HOLE SIZE CASING & TUBING SIZE |                                       |             |             | DEPTH SET                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 | SACKS CEMENT               |                 |             |  |  |
|                                                                                                                                                                                                            |                                |                                       |             |             |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                            |                 |             |  |  |
|                                                                                                                                                                                                            |                                |                                       |             |             |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                            |                 |             |  |  |
|                                                                                                                                                                                                            |                                |                                       |             |             |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                            |                 |             |  |  |
| V. TEST DATA AND REQUE                                                                                                                                                                                     |                                |                                       |             |             | 1                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 | <u> </u>                   |                 |             |  |  |
| OIL WELL (Test must be after Date First New Oil Run To Tank                                                                                                                                                | Date of Tes                    |                                       | of load o   | il and must |                                        | exceed top allo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                            | for full 24 hou | rs.)        |  |  |
| Date Flist New Oll Rull To Talls                                                                                                                                                                           | Date of Test                   |                                       |             |             | ļ                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                            |                 | <del></del> |  |  |
| Length of Test                                                                                                                                                                                             | Tubing Pressure                |                                       |             |             | Casing Pressure                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 | Choke Size                 |                 |             |  |  |
| Actual Prod. During Test                                                                                                                                                                                   | Oil - Bbls.                    |                                       |             |             | Water - Bbls.                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 | Gas- MCF                   |                 |             |  |  |
| GAS WELL                                                                                                                                                                                                   |                                |                                       |             |             |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                            |                 |             |  |  |
| Actual Prod. Test - MCF/D                                                                                                                                                                                  | Length of Test                 |                                       |             |             | Bbls. Condensate/MMCF                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 | Gravity of Condensate      |                 |             |  |  |
| Testing Method (pitot, back pr.)                                                                                                                                                                           | Tubing Pre                     | Tubing Pressure (Shut-in)             |             |             |                                        | Casing Pressure (Shut-in)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                            | Choke Size      |             |  |  |
| VI. OPERATOR CERTIFIC                                                                                                                                                                                      |                                |                                       |             | CE          | (                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ISERV           | ATION                      | DIVISIO         | <br>DN      |  |  |
| I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. |                                |                                       |             |             | OIL CONSERVATION DIVISION  MAR 0 3 '92 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                            |                 |             |  |  |
| * Billy 10                                                                                                                                                                                                 | ,                              |                                       |             |             | Date                                   | Approve                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | σ               |                            |                 |             |  |  |
| Signature<br>Billy Walker                                                                                                                                                                                  | exec.                          | Fo                                    | remar       | <u></u>     | By_                                    | DESCRIPTION OF THE PROPERTY OF | SIGNED F        | Vocal V                    | EXTON           | <u></u>     |  |  |
| Printed Name 3-3-92                                                                                                                                                                                        | 505                            | 393 76                                | Title<br>27 |             | Title                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                            |                 |             |  |  |
| Date                                                                                                                                                                                                       |                                |                                       | phone N     | 0.          | 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.