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

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

State of New Mexico Energy, Minerals and Natural Resource

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III	Saina re, new iv	ACAGO UISON BOOK	
1000 Rio Brizos Rd., Aziec, NM 87410	REQUEST FOR ALLOWA	BLE AND AUTHORIZATIO	N
Ι.	TO TRANSPORT O	IL AND NATURAL GAS	3.00
Operator		W.	all API No.
Rice Engineering Co	rp.		
Address	NM 00240		
122 W Taylor, Hobbs		- - - - - - - - - - -	
Reason(s) for Filing (Check proper box)		Other (Please explain)	
New Well	Change in Transporter of:	Transportation of /	Obbls of Miscellaneous
Recompletion	Oil Dry Gas Casinghead Gas Condensets	Hydrocarbons, to Jad	co one/le/93
Change in Operator If change of operator give name	Casinghead Gas Condensate		
and address of previous operator			
II. DESCRIPTION OF WELL	ANDIFACE		
Lease Name	Well No. Pool Name, Inch	dise Formation	ind of Lease No.
Location	B Na Smil		late, Pederal dr Fée
Unit Letter B	: ' 850_ Feet From The _	11_ Line and 23/0.	Post From TheUr
Oak Deazr	Feat From the _		
Section 12 Towns	hip 25 Range 3	7 NMPM	Lea
III. DESIGNATION OF TRA	NSPORTER OF OIL AND NAT	URAL GAS	
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appr	oved copy of this form is to be sent)
Bandera Petroleum,		P.O. Box 450 Hobi	
Name of Authorized Transporter of Casi	inghead Gas or Dry Gas	Address (Give address to which appr	great copy of this form is so he pent)
If well produces oil or liquids, give location of tanks,	Unit Sec. Twp. Re	a. Is gas actually connected?	Per 1
IV. COMPLETION DATA	nt from any other lease or pool, give commiz		
Designate Type of Completion			es Pary Black Same Kery - Diff Rac
Date Spudded	Date Compl. Ready to Prod.	Total Depth	PB.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Ges Pay	Tubing Depth
Perforstions			Depth , saing Shoe
	., ,		
: }		D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH BET	SACKS CEMENT
•			
V. TEST DATA AND REQUE	SET FOR ALLOWARIE	<u> </u>	
OIL WELL (Test must be after	recovery of total volume of load oil and mu	us he cannot show among a free all township for	- ith death or bu for full 24 hours.)
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, par	IV.
Determentation on right to the	Date of feat		
Length of Test	Tubing Pressure	Casing Pressure	Choks Size
Cagar a rea	Tooling Freedom		
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Ces MC
CAC TIPET			
GAS WELL Actual Prod. Test - MCF/D	Noorb of Tori	Bbls. Condensite/MMCF	Gravity of Condensals
ACIUM PROG. 168 - MCP/D	Length of Test	DOLL CARRIED MANUAL	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Caoke Size
n soung memou (puot, pack pr.)			The second secon
		- I programme to the second se	
VI. OPERATOR CERTIFIC		OII CONSE	RVATION DIVISION
I hereby certify that the rules and reg			
Division have been complied with an is true and complete to the best of my		1	FED 23 1993
- 11		Date Approved	
Billy walker		المراز	ned by
		By Paul F	
Signatur Billy Walker	Foreman	Geolo	Karaka da k
Printed Name	THE TA	Title	A CONTRACT OF THE PARTY OF THE

Date

- 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 with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells:
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells,