

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

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REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS 1
OPERATOR	1
PRODUCTION OFFICE	

Operator  
RPM Energy, Inc. /

Address  
613 Commercial Bank Tower, Midland, TX 79701

OIL & GAS  
U.S. GEOLOGICAL SURVEY  
ROSWELL, NEW MEXICO

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate

Other (Please explain)  
 CASHED GAS FLARED AFTER 4-1-82  
 UNLESS AN EXCEPT IS OBTAINED Rule 306

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE.

Lease Name Citco Federal	Well No. 2-Y	Pool Name, including Formation Undesignated San Andres	Kind of Lease State, Federal or Federal	Lease No. NM14297A
Location: Unit Letter <u>A</u> ; <u>330</u> Feet From The <u>North</u> Line and <u>380</u> Feet From The <u>East</u> Line of Section <u>21</u> Township <u>16S</u> Range <u>26 E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Cities Service Trucks	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1919, Midland, TX 79702
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit <u>A</u> Sec. <u>26</u> Twp. <u>16S</u> Rge. <u>26E</u> Is gas actually connected? <u>NO</u> When

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 10-29-81	Date Compl. Ready to Prod. 11-25-81	Total Depth 1350	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 3356 GL	Name of Producing Formation Undesignated San Andres	Top Oil/Gas Pay 1211	Tubing Depth 1242					
Perforations 1211, 1216, 1226, 1232½, 1236, 1238½, 1241, 1247, 1253, 1262, 1266, 1276, 1280, 1283, 1288			Depth Casing Shoe 1350					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14-3/4"	10-3/4"	405	350 SXS
9-1/2"	7"	1130	360 SXS
6-1/8"	4-1/2"	1350	50 SXS
	2 3/8"	1242	

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 1-22-82	Date of Test 2-7-82	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 45 PSI	Casing Pressure	Choke Size 1/2"
Actual Prod. During Test 3	Oil-Bbls. 2	Water-Bbls. 1	Gas-MCF 9.3

Posted ID-2  
+ Comp. Book  
IF-CIT  
3-5-82

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

IV. CERTIFICATE OF COMPLIANCE

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.

Roy Jones  
(Signature)  
Vice-President  
(Title)  
2-18-82  
(Date)

OIL CONSERVATION DIVISION  
MAR - 1 1982

APPROVED  
BY W. A. Gressett  
TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.  
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
 All sections of this form must be filled out completely for allowable on new and recompleted wells.  
 Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
 Separate Forms C-104 must be filed for each pool in multiply completed wells.