RECEIVED

State of New Mexico

Energy, Minerals and Natural Resources Department

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

Appropri DISTRIC	iate Dis	stric	Of	fice	
DISTRI					
B 0 B	4000				

DISTRICT III

P.O. Box 1980, Hobbs, NM 88240

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

JUN 26 '8 PIL CONSERVATION DIVISION P.O. Box 2088

٥.	C.	Đ.	Santa Fe, New Mexico	87504-2088
----	----	----	----------------------	------------

Santa Fe			V
File	T	1	Г
T	Oil		Г
Transporter	Gas		Г
Operator			Γ

000 Rio Brazos Rd., Aztec, NM 8744日	TESIA EGU	EST FO	RA	LLO	WAB	LE AND A	UTHORIZ URAL GA	ZATION	).	rator	
perator		/ I I I I I	NOF.	Uni	OIL	AND NAT	OI I/IL G/	Well A	Pl No.		
RB Operating Com	pany 🗸										
Address 2412 N. Grandvie	w, Sui <u>te</u>	201 <b>,</b> (	des	ssa,	Texa	as 7976					
eason(s) for Filing (Check proper box)						Othe	t (Please expla	in)			
ew Well		Change in 1	Fransp Dry G		of:	r	ffective	Tuno 1	1080		
ecompletion	Oil Casinghead		-	nas ensate	$\exists$	£	Tiective	Julie 1	, 1909		
change of operator give name d address of previous operator Read					Co.	. 2412 N	Grandy	iew, Su	ite 201,	Odessa,	Tx. 79
. DESCRIPTION OF WELL		ASE									
ease Name						g Formation Kind of			Indomina Eng		
Green Federal		6	Al	rtes	ia Qi	ieen Gra	yburg SA		<del></del>	05555	009
Ocation Unit LetterH	:17	60	Feet I	From T	he _N	orth_Line	and88	0 Fe	et From The	East	Line
Section 31 Towns	hip 17	'S	Range	e	2	9E , <b>N</b> N	<b>ирм,</b> Ед	dy			County
II. DESIGNATION OF TRA	NSPORTE	R OF OI	I. Al	ND N	ATU	RAL GAS		·			
lame of Authorized Transporter of Oil	X	or Condens				Address (Give	e address so wi	tich approved	copy of this f	form is to be se	ent)
Navajo Refining Com	nany Pi	peline	Div	vsio	, n		rawer 15				
Name of Authorized Transporter of Cas	inghead Gas			y Gas		Address (Giw	e address to wi	hich approved	copy of this f	form is to be se	ent)
Phillips Petroleum			70				enbrook,			79762_	
If well produces oil or liquids, ive location of tanks.	Unit	: :	Twp.	i	-	is gas actually		When		105	
this production is commingled with th	at from any oth	her lease or r	nool o	<del></del> -	29 mminel	Yes		11	12/9/	105	
this production is commingled with the V. COMPLETION DATA	an Hollially Off	IN 1049C OI	,,, į	gre w	**************************************	"P AIREL BRIDE		<del></del>		·	
COMI DELION DATA		Oil Well	$\neg$	Gas V	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion	on - (X)	i	i			L	L		<u> </u>	1	1
Date Spudded	Date Com	pl. Ready to	Prod.	•		Total Depth		-	P.B.T.D.		
levations (DF, RKB, RT, GR, etc.)	Name of P	Producing Fo	rmatio	Off		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe					
		TURING	CAS	SING	AND	CEMENTI	NG RECOR	5D			<del></del>
HOLE SIZE		ASING & TU				CEMENTI	DEPTH SET			SACKS CEM	IENT
HOLE SIZE		ionia a re	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J 012L		<del> </del>	<u> </u>		1		
. TEST DATA AND REQU	EST FOR	ALLOWA	ABL	E						6 6-11 <b>34</b> b	1
OIL WELL (Test must be after			of loa	ıd oil a	nd must	be equal to of	exceed top all ethod (Flow, p	lowable for th	is depth or be	for full 24 ho	<u>urs.)</u>
Date First New Oil Run To Tank	Date of To	est				Producing M	ieuroa ( <i>riow</i> , p	ump, gas iyi,	<i>-</i>		
Length of Test	Tubing Pr	ressure		•		Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls	Oil - Bbls.		Water - Bbls.		Gas- MCF					
GAS WELL											
Actual Prod. Test - MCF/D	Length of	f Test			_	Bbls. Condensate/MMCF		Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing P	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)		Choke Size				
VI. OPERATOR CERTIF	TCATE O	E COM	D[ T/	۸ NIC	F	1	OIL CO				PO5+1
I hereby certify that the rules and n						-	OIL CO	NSERV	/ATION	DIVISI	ON 10 20
Division have been complied with	and that the inf	formation giv	ven ab	ove				^	<i>20</i> ∩T ₽₽	108 <b>0</b>	ople
is true and complete to the best of	my knowledge	and belief.				Dat	e Approv	edU	UI W	F202	
		2,					o / (pp. o /	· · · · · · · · · · · · · · · · · · ·		·	
-cerry /	Q119	1_				∥ <sub>By</sub> _	ORIGI	NAL SIGN	IED BY		
Signature Larry Rampey	773.06	Presid	len+	-		"	MIKE	WILLIAM	S		
Printed Name	vice	\TTEST(	rid Tid			Title	SHIPE	rvisor, i	DISTRICT	IT	
June 21, 1989	(918	3) 492-( Tel		ne No.			<i>-</i>				

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.