

OIL CONSERVATION DIVISION

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

RECEIVED

FILE

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

DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

JUL 01 1991
 Well ID: ARTESIA 19-22404

I.

Operator: RB Operating Company ✓

Address: 2412 N. Grandview, Suite 201, Odessa, Texas 79761

Reason(s) for Filing (Check proper box):
 New Well Other (Please explain)
 Recompletion Change in Transporter of:
 Change in Operator Oil Dry Gas Effective July 1, 1991
 Casinghead Gas Condensate

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Donaldson Comm "A"	1	E. Loving (Delaware)		

Location: Unit Letter F 1930 Feet From The North Line and 2303 Feet From The West Line
 Section 23 Township 23S Range 28E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
Amoco Production Company Address (Give address to which approved copy of this form is to be sent)
P.O. Box 591, Tulsa, OK 74102

Name of Authorized Transporter of Casinghead Gas or Dry Gas
El Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1492, El Paso, Texas 79978

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	F	23	23S	28E	Yes	10/22/90

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res v	Diff Res v
(X)								

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 _____

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. 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 Tank _____ Date of Test _____ Producing Method (Flow pump gas lift, etc.) _____

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 (puoc, back pr)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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.

[Signature]
 Signature: F. D. Schoch Area Manager
 Printed Name: F. D. Schoch Title: Area Manager
 Date: 6/27/91 Telephone No.: (915) 362-6302

OIL CONSERVATION DIVISION
JUL 01 1991

Date Approved _____

By ORIGINAL SIGNED BY
MIKE WILLIAMS
 Title SUPERVISOR, DISTRICT #

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.