

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

State of New Mexico  
 Energy, Minerals and Natural Resources Department

Form C-104  
 Revised 1-1-89  
 See Instructions  
 at Bottom of Page 8

RECEIVED

OIL CONSERVATION DIVISION

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

DEC 3 '90

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

ARTESIA OFFICE

Operator RB Operating Company ✓	Well API No. 30-015-26512
Address 2412 N. Grandview, Suite 201, Odessa, Texas 79761	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

I. DESCRIPTION OF WELL AND LEASE

Lease Name Amoco "11" Federal	Well No. 7	Pool Name, Including Formation E. Loving (Delaware)	Kind of Lease State, Federal or Fee	Lease No. NM32636
Location Unit Letter <u>P</u> : <u>910</u> Feet From The <u>East</u> Line and <u>860</u> Feet From The <u>South</u> Line Section <u>11</u> Township <u>23S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183 Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 ? I   11   23S   28E   Yes   11/29/90

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10/27/90	Date Compl. Ready to Prod. 11/27/90	Total Depth 6300	P.B.T.D. 6285	Post ID-2 1-4-91				
Elevations (DF, RKB, RT, GR, etc.) 2996 KB	Name of Producing Formation Delaware	Top Oil/Gas Pay 6117	Tubing Depth 5966	comp + BK				
Perforations 6117-6128	Depth Casing Shoe 6300							

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	8-5/8	585	350
7-7/8	5-1/2	6300	Shoe 700 sx DV 950 sx
	2-7/8	5966	

VI. 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 11/26/90	Date of Test 11/28/90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 20 hrs.	Tubing Pressure 650	Casing Pressure 0	Choke Size 18/64
Actual Prod. During Test	Oil - Bbls. 344	Water - Bbls. 94 Load water	Gas - MCF 305

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puot, 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.

*James L. Shatzsall*  
 Signature  
 James L. Shatzsall, Sr. Prod. Engr.  
 Printed Name Title  
 11/29/90 (915) 362-6302  
 Date Telephone No.

OIL CONSERVATION DIVISION

DEC 28 1991

Date Approved \_\_\_\_\_  
 By ORIGINAL SIGNED BY  
 MIKE WILLIAMS  
 SUPERVISOR, DISTRICT 19  
 Title \_\_\_\_\_

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.