Submit 5 Copies Appropriate District Office

State of New Mexico RECEI - Energy, Minerals and Natural Resources Department

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

P.O. Box 1980, Hobbs, NM	88240	
DISTRICT II		

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Santa Fe			\angle
File			
Transporter	011~		
	Gas		
Operator			Г

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

JUN 26 '89 P.O. Box 2000 Santa Fe, New Mexico 87504-2088 DISTRICT III
1000 Rio Brazos Rd., Azzec, NM 87410 O. C. D. ARTESREQUEEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator RB Operating Company Address 2412 N. Grandview, Suite 201, Odessa, Texas 79761 Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of: New Well Dry Gas Oil Recompletion Effective June 1, 1989 Casinghead Gas Condensate X Change in Operator If change of operator give name and address of previous operator Reading & Bates Petroleum Co.. 2412 N. Grandview, Suite 201, Odessa, Tx. 79761 II. DESCRIPTION OF WELL AND LEASE Lease No. Well No. | Pool Name, Including Formation Kind of Lease Lease Name State, Federal or Fee E4201 Artesia Oueen Grayburg SA Continental E State Location <u> 1914</u> Feet From The South Line and 401 Feet From The West Unit Letter County Township___ 17S Range 29E , NMPM, Eddy III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate X Drawer 159, Pipeline Division P.O. Artesia, New Mexico Navajo Refining Company Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) X 4001 Penbrook, Odessa, Texas 79762 Phillips Petroleum Company When? Unit Sec. Twp. If well produces oil or liquids, Rge. Is gas actually connected? give location of tanks. 30 29 2/22/65 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Deepen Oil Well Gas Well New Well | Workover Plug Back Same Res'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Tubing Depth Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT **DEPTH SET HOLE SIZE CASING & TUBING SIZE** V. TEST DATA AND REQUEST FOR ALLOWABLE (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.) OIL WELL Date First New Oil Run To Tank Producing Method (Flow, pump, gas lift, etc.) Date of Test Casing Pressure Choke Size Length of Test **Tubing Pressure** Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls **GAS WELL** Bbis. Condensate/MMCF Gravity of Condensate Actual Prod. Test - MCF/D Length of Test Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above OCT 2 0 1989 is true and complete to the best of my knowledge and belief. Date Approved XIII. ORIGINAL SIGNED BY By. Signature Larry Rampey MIKE WILLIAMS **Vi**ce President SUPERVISOR, DISTRICT IS Printed Name Title Title -0447 1989 (918)June 21 Telephone No. 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 accordance with Rule 111.
- 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.