State of New Mexico Form C-104 Revised 1-1-89 Submit 5 Copies
Appropriate District Office
DISTRICT I Energy, Minerals and Natural Resources Department See Instruct DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

JUN 26 '89OIL CONSERVATION DIVISION
P.O. Box 2088 at Bottom of Santa Fe Santa Fe, New Mexico 87504-2088 DISTRICT III
O. C. D.
1000 Rio Brazos Rd., Aziec, NM 87410 ARTESIA. PEGGEST FOR ALLOWABLE AND AUTHORIZATION Transporter Operator TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator RB Operating Company Address 2412 N. Grandview, Suite 201, Odessa, Texas <u> 79761</u> Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of: New Well Effective June 1, 1989 Dry Gas Recompletion 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 State 647 AC 724 202 Artesia Oueen Grayburg SA Location Feet From The North Line and _ 330 330 Feet From The ___East Unit Letter _ County 17S 28E , NMPM, Eddy Range 36 Township III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Oil X P.O. Drawer 159, Artesia, New Mexico Navajo Refining Company Pipeline Division 88210 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas 4001 Penbrook, Odessa, Phillips Petroleum Company Texas 79762 Sec. If well produces oil or liquids, Twp. Rge. Is gas actually connected? When? give location of tanks. 6/19/64 E 36 117 28 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Oil Well Designate Type of Completion - (X) Date Compl. Ready to Prod. P.B.T.D. Date Spudded Top Oil/Gas Pay Name of Producing Formation Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE **DEPTH SET HOLE 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 hour OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Casing Pressure Choke Size Length of Test **Tubing Pressure** Gas- MCF Water - Bbls Actual Prod. During Test Oil - Bbls. **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test - MCF/D Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size 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 _

(918)

Signature

Date

Printed Name

June 21

Larry Rampey

1989

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

Title.

ORIGINAL SIGNED BY

SUPERVISOR, DISTRICT IT

MIKE WILLIAMS

with Rule 111.

President

492

Title

Telephone No

-0447

- 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.