Submit 5 Copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Erry, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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| 1 |

| DISTRICT II P.O. Drawer DD, Ariesia, NM 88210 | P.O. Box 2088 Santa Fe, New Mexico 87504-2088 | | | RECEIVED | RECEIVED | |
|--|--|-------------------------------|----------------------------------|--|--------------|--|
| DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410 | REQUEST | | LE AND AUTHORIZA | | | |
| | TOTI | RANSPORT OIL | AND NATURAL GAS | O. C. D. Weil APTERIA, OFFICE | | |
| Operating Company | ., | | | 30-015-26527 | | |
| RB Operating Company | <u>, </u> | | | 30 013 20327 | | |
| 2412 N. Grandview, | Suite 201, 0 | dessa, Texas | 79761 | | | |
| Reason(s) for Filing (Check proper box) | | | Other (Please explain | n) | | |
| New Well Description | • | e in Transporter of: Dry Gas | Effective Jul | v 1. 1991 | | |
| Recompletion | Casinghead Gas | | 211000110 001 | , ., .,,. | | |
| If change of operator give name and address of previous operator | | | | | | |
| II. DESCRIPTION OF WELL | AND LEASE | | | | | |
| Lease Name | Well I | 1 | • | State Endownlaw Eng | Lease No. | |
| Amoco "11" Federal | 5 | E. Loving | (Delaware) | Sine, recent unite NM | 32636 | |
| Location | 1387 | _ | 107 | 7 | • | |
| Unit Letter G | 1378 | Feet From The | East Line and1971 | 7 Feet From The North | Стре | |
| Section 11 Towns | hip 23S | Range 28E | , NMPM, E | ddy | County | |
| III. DESIGNATION OF TRA | NSPORTER OF | OIL AND NATU | RAL GAS | | | |
| Name of Authorized Transporter of Oil | | odensate | Address (Give address to which | ch approved copy of this form is to be | seni) | |
| Amoco Production Co | mpany | 2.0. | P.O. Box 591, Tulsa, OK 74102 | | | |
| 1 | lame of Authorized Transporter of Cannghead Gas X 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, | Unit Sec. | Twp. Rge. | Is gas actually connected? | When? | | |
| give location of tanks. | <u> </u> | 23S 28E | Yes | 4/2/91 | | |
| If this production is commingled with th IV. COMPLETION DATA | at from any other lease | or pool, give comming | ling order number: | | | |
| Designate Type of Completic | n - (X) | Well Gas Well | New Well Workover | Deepen Plug Back Same Res' | v Diff Res'v | |
| Date Spudded | Date Compi. Read | ly to Prod. | Total Depth | P.B.T D. | | |
| Elevations (DF, RKB, RT, GR, etc.) | vauons (DF, RKB, RT, GR, etc.) Name of Producing Formation | | | Tubing Depth | | |
| Perforations | | | | Depth Casing Shoe | | |
| | חמיוד | IG CASING AND | CEMENTING RECORD |) | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | |
| TIOCE SIZE | | <u> </u> | | | | |
| | | | | | | |
| | | | | | | |
| V. TEST DATA AND REQU | EST FOR ALLO | WABLE | | | | |
| OIL WELL Test must be after | er recovery of total vol | ume of load oil and mus | t be equal to or exceed top allo | mable for this depth or be for full 24 i | hows i | |
| Date First New Oil Run To Tank | Date of Test | | Producing Method Flow, pur | mp. gas lift etc.) | | |
| Length of Test | Tubing Pressure | | Casing Pressure | Choke Size | | |
| | O.I. Phile | | Water - Bbis | Gas- MCF | Gas- MCF | |
| Actual Prod. During Test | Oil - Bbls. | | Water - Dola | | | |
| GAS WELL | | | | | | |
| Actual Prod. Test - MCF/D | Length of Test | | Bbis. Condensate MMCF | Gravity of Condensate | | |
| Testing Method (puot, back pr.) | Tubing Pressure | (Shut-m) | Casing Pressure (Shut-in) | Choke Size | | |
| VI. OPERATOR CERTIF | CATE OF CO | MPI FANCE | | | | |
| I hereby certify that the rules and n | | | OIL CON | ISERVATION DIVIS | NON | |
| Division have been complied with is true and complete to the best of | and that the informatio | n given above | Data Assessed | dJUL 0 1 1991 | | |
| | <u> </u> | | 11 | at the state of th | | |
| WILL | <u> </u> | | | RIGINAL SIGNED BY | | |
| Signature F. D. Schoch Area Manager | | | SUPERVISOR, DISTRICT IT | | | |

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

(915) 362-6302

Printed Name

Date

6/27/91

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Title

SUPERVISOR, DISTRICT IT

with Rule 111. 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

Telephone No.

- 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.