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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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DEC 22 1980

O. C. D.

ARTESIA, OFFICE

Operator		RPM Energy, Inc.	
Address			
613 Commercial Bank Tower Midland, TX 79701			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>
If change of ownership give name and address of previous owner		N/A	
		IS OBTAINED	
		BY # 2-474	

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
State	1	Wildcat <i>San Andres</i>	State, Federal or Fee State	L-4853
Location				
Unit Letter	I	660' Feet From The East	Line and 2310'	Feet From The South
Line of Section	16	Township	16S	Range 26E, NMPM, Eddy County

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Cities Service Trucks, ATTN: B. Shelton		P. O. Box 1919 Midland, TX 79702		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Cities Service Trucks, ATTN: B. Shelton		P. O. Box 1919 Midland, TX 79702		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.
	I	16	16S	26E
Is gas actually connected?		When		

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
		X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
9-15-80	12-11-80		1550'		1360'				
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
GL3333.2 KB 3335.2	San Andres		1200'		1270'				
Perforations	Perf		Depth Casing Shoe						
DF 3334.2	1201, 1203, 1205, 1237, 1243, 1247, 1291, 1293, 1295, 1299, 1301		1547'						
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14"		12 3/4"		400'		325 SXS			
11"		8 5/8"		1061'		800 SXS			
7 7/8"		4 1/2"		1550'		300 SXS			

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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
12-11-80	12-17-80	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	3.0		1 1/2" + long
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
2.875 bbls	2.875	.375	3.192

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

I. CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
J. A. Baca (Date) Geologist	
12/22/80 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED	DEC 23 1980
BY	<i>W. A. Gressitt</i>
TITLE	SUPERVISOR, DISTRICT II
This form is to be filed in compliance with RULE 1104.	
In this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
All sections of this form must be filled out completely for allowable on new and recompleted wells.	
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.	
Separate Forms C-104 must be filed for each pool in multiply completed wells.	