

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

RECEIVED

Form C-104  
Revised 10-1-78

FEB 25 1982

O. C. D.  
ALBUQUERQUE, OFFICEREQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASRECEIVED  
FEB 19 1982OIL & GAS  
U.S. GEOLOGICAL SURVEY  
ROSWELL, NEW MEXICO

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DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	1
OIL	
GAS	
OPERATOR	1
PRODUCTION OFFICE	

Operator  
RPM Energy, Inc. /  
Address  
613 Commercial Bank Tower, Midland, TX 79701

## Reason(s) for filing (Check proper box)

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"/>

Other (Please explain)

CASINGHEAD GAS MUST NOT BE  
FLAMED AFTER 4-1-82  
UNLESS AN EXCEPTION TO Rule 306  
IS OBTAINEDIf change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name Citco Federal	Well No. 1	Pool Name, including Formation Undesignated San Andres	Kind of Lease State, Federal or Fee Federal	Lease No. NM14297A
Location Unit Letter B ; 430 Feet From The North Line and 2210 Feet From The East Line of Section 21 Township 16 S Range 26 E , NMPM, Eddy County				

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Cities Service Trucks	Address (Give address to which approved copy of this form is to be sent) 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)	
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 21
	Twp. 16S	Rge. 26E
	Is gas actually connected? NO	
	When	

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

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 8-31-81	Date Compl. Ready to Prod. 10-5-81		Total Depth 1379		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3355 GL	Name of Producing Formation Undesignated San Andres		Top Oil/Gas Pay 1170		Tubing Depth 1210			
Perforations 1170, 1190, 1205, 1217, 1220, 1222, 1226, 1233, 1235, 1240, 1242, 1247, 1249, 1251, 1258, 1264					Depth Casing Shoe 1379			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
9-1/2"	7"	1030	320 SXS Class C
6-1/4"	4-1/2"	1379	160 SXS
	2 7/8	1210	

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)

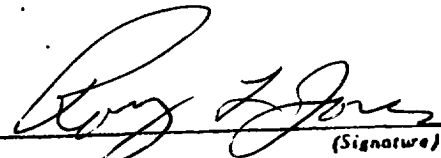
Date First New Oil Run To Tanks 12-1-81	Date of Test 2-11-81	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 45 PSI	Casing Pressure	Choke Size 1/2"
Actual Prod. During Test 1.5	Oil-Bbls. 1	Water-Bbls. .5	Gas-MCF 28.8

## GAS WELL

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

## 1. 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.

  
(Signature)

Vice President

(Title)

2-18-82

(Date)

## OIL CONSERVATION DIVISION

MAR - 1 1982

APPROVED \_\_\_\_\_, 19

BY W. A. GressettTITLE SUPERVISOR, DISTRICT 11

This form is to be filed in compliance with RULE 1104.

If 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 filled for each pool in multiply completed wells.