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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL <input checked="" type="checkbox"/>	
	GAS <input type="checkbox"/>	
OPERATOR		<input checked="" type="checkbox"/>
PRORATION OFFICE		
Operator		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
**RECEIVED BY**  
**JUN 11 1986**  
**O. C. D.**  
**ARTESIA, OFFICE**

Operator **R.P.M. ENERGY**

Address  
**P.O. box 1207 BIG SPRING TEXAS 79721**

Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☒ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name <b>CITGO FEDERAL</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>UNDESIGNATED SAN ANDRES</b>	Kind of Lease State, Federal or Fed <b>FEDERAL</b>	Lease No. <b>NM-14097-A</b>
Location Unit Letter <b>B</b> ; <b>430</b> Feet From The <b>NORTH</b> Line and <b>2210</b> Feet From The <b>EAST</b> Line of Section <b>21</b> Township <b>16</b> S Range <b>26</b> E. , NMPM, EDDY County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <b>KOOK SERVICES INC</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. BOX 1558 BRECKENRIDGE TX 76024</b>	
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>1</b>	Sec. <b>16</b>
	Twp. <b>16S</b>	Rge. <b>26E</b>
Is gas actually connected?		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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, QR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations				Depth Casing Shoe				

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			<b>Past RD-3</b>
			<b>6-13-86</b>
			<b>Chg LT:PER</b>

V. 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

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

VI. 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.

*[Signature]*  
(Signature)  
**SECRETARY**  
(Title)  
**6-4-86**  
(Date)

OIL CONSERVATION COMMISSION

**JUN 13 1986**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY **Original Signed By**  
**Mike Williams**  
TITLE **Oil & Gas Inspector**

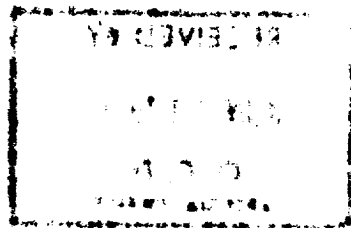
This form is to be filed in compliance with RULE 1104.

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 filed for each pool in multiply completed wells.



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