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FEB 19 1982

O. C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR	
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: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 4-1-82 UNLESS AN EXCEPTION TO Rule 302 IS OBTAINED EX # 2-597
Change in Ownership <input type="checkbox"/>	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Exxon	Well No. 1	Pool Name, Including Formation Undesignated San Andres	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter L	: 520	Feet From The West	Line and 2310	Feet From The South	
Line of Section 21	T. wship 16S	Range 26E	, NMPM, Eddy		County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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	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 L	Sec. 21	Twp. 16S	Rge. 26E	Is gas actually connected? When

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

IV. 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 10-1-81	Date Compl. Ready to Prod. 11-27-81	Total Depth 1390	P.B.T.D. 1385					
Elevations (DF, RKB, RT, CR, etc.) 3366 GL	Name of Producing Formation San Andres	Top Oil/Gas Pay 1175	Tubing Depth 1206'					
Perforations 1175, 1186, 1198, 1211½, 1216, 1225, 1226, 1229, 1231, 1234, 1252',			1258, 1261, 1271, 1278			Depth Casing Shoe 1387		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
9-7/8"	7"	1022	560
6-1/8"	4½"	1387	160
	2 7/8	1206	

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 11-27-81	Date of Test 01-30-82	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 10 psi	Casing Pressure	Choke Size ¾"
Actual Prod. During Test 6	Oil-Bbls. 5	Water-Bbls. 1	Gas-MCF 8.3

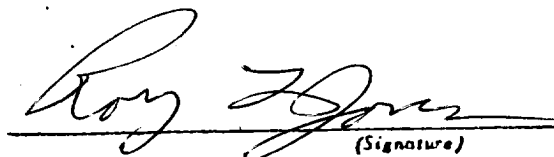
Posted ID-2  
Comp. Book  
IT-CIT  
2-26-82

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

VI. 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

APPROVED FEB 22 1982  
BY   
TITLE SUPERVISOR, DISTRICT II

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.