| ΞN     |   |  | ATION DIVISIC.4  | Form C-104<br>Revised 10-1-78<br>REGEIVED  |  |
|--------|---|--|--|--|--|
|        | SANTA FE I SANTA FE, NEW MEXICO 87501   |  | FEB 1 9 1982   |  |  |
|        |   |  | OR ALLOWABLE<br>AND<br>SPORT OIL AND NATURAL GA  | O. C. D.<br>AS ARTESIA, OFFICE   |  |
| •.     | Cpermon<br>RPM Energy, Inc.   |  |  |  |  |
|        | Address   |  |  |  |  |
|        | 613 Commercial Bank Tower, Midland, TX 79701<br>Reason(s) for filing (Check proper box) Other (Please explain)  |  |  |  |  |
|        | New Well .  | Change in Transporter of:<br>Oil Dry C                 | CASINGHEA  | AD GAS MUST NOT BE   |  |
|        | Change in Ownership   | Casinghead Gas Cond                                    | Condensate FLARED AFTER 4-1-82<br>UNLESS AN EXCEPTION TO Rule 306  |  |  |
|        | If change of ownership give name<br>and address of previous ownerIS OBTAINED  |  |  |  |  |
| ••     | DESCRIPTION OF WELL AND LEASE   |  |  |  |  |
| 21.    | Lease Name<br>Exxon A   | Well No. Pool Name, Including I<br>1 Undesignated S    |  | Lease Lease No.<br>Inderat or Fee Fee  |  |
|        | Unit Letter F : 2310 Feet From The West Line and 1650 Feet From The North   |  |  |  |  |
|        | Line of Section 21 T.   | mahlp 169 Range 26                                     | <u>бе</u> , <b>мири,</b>   | Eddy County  |  |
|        | DESIGNATION OF TRANSPOR   | TER OF OIL AND NATURAL G                               | Address (Give address to which )   | approved copy of this form is to be sent)  |  |
|        | Cities Service Trucks<br>Name of Authorized Transporter of Casinghead Gas or Dry Gas  |  | P.O. Box 1919, Midland, TX 79702<br>Address (Give address to which approved copy of this form is to be sent)   |  |  |
|        | If well produces oil or liquids, Unit Sec. Twp. Rge. is gas actually connected? When give location of tanks. F 21 165, 26E No   |  |  |  |  |
|        | If this production is commingled with that from any other lease or pool, give commingling order number:   |  |  |  |  |
|        | COMPLETION DATA   | Oil Well Gas Well                                      | New Well Workover Deepe  | n Plug Back Same Res'v, Diff. Res'v,   |  |
|        | Designate Type of Completi  | Date Compl. Ready to Prod.                             | X<br>Total Depth   | P.B.T.D.   |  |
|        | 10/10/81  | 11/21/81   | 1400 feet  |  |  |
|        | Elevations (DF, RKB, RT, GR, etc.)<br>3362 GL   | Name of Producing Formation<br>Undesignated San Andres | Top Oil/Gas Pay  | Tubing Depth<br>1211'  |  |
|        | Perforations  |  | 1255, 1257, 1266, 12   | 6812 Depth Casing Shoe   |  |
|        | 1171, 1191, 1206, 1213, 1218, 1221, 1227, 1231, 1234, 1242, 1245, 1251½, 1400'  |  |  |  |  |
|        | HOLE SIZE   | CASING & TUBING SIZE                                   | DEPTH SET  | SACKS CEMENT<br>360 sx Class "C"   |  |
|        | 9-7/8"<br>6-1/8"  | 4-1/2"   | 1050'  | 100 sxs (1855 "C"  |  |
| -      |   |  |  |  |  |
|        | TEST DATA AND REQUEST FOR ALLOWABLE (Text must be after recovery of total volume of load oil and must be equal to or exceed top allow                                   |  |  |  |  |
|        | OIL WELL able for this de   |  | epth or be for full 24 hours)<br>Producing Method (Flow, pump, g   |  |  |
|        | 11/21/81  | 2-3-82<br>Tubing Pressure                              | Pump   |  |  |
|        | Length of Test  | Tubing Pressure  | Casing Pressure  | Choke Size   |  |
|        | Actual Prod. During Test  | он-вые.<br>б   | Water+Bblasse,   | Gas-MCF  |  |
|        | 9 bbls  | 0  |  | Choke Size<br><sup>3</sup> / <sub>2</sub><br>Gas-MCF<br>15.7 MCF of Comp CIT<br>2.2b |  |
|        | GAS WELL  |  | Bbls. Condensate/MMCF  | Gravity of Condensate  |  |
|        | Actual Prod. Teet-MCF/D   | Length of Test   |  | · · ·  |  |
|        | Testing Method (pitol, back pr.)  | Tubing Presswe (Shut-in )                              | Casing Pressure (Ebut-111)   | Choke Size   |  |
| i. 1   | CERTIFICATE OF COMPLIANCE<br>I hereby certify that the rules and regulations of the Oli Conservation<br>Division have been complied with and that the information given |  | DIL CONSERVATION DIVISION  |  |  |
| 3      |   |  | APPROVED FEB 221982 . 19   |  |  |
| 1      | above is true and complete to the   | best of my knowledge and belief.                       | TITLESUPERVISOR DISTRICT I   |  |  |
|        | . / )   |  |  |  |  |
|        | (Don there  |  | This form is to be filed in compliance with MULE 1104.<br>If this is a request for allowable for a newly drilled or deepened   |  |  |
| -      | (Signolwe)  |  | If this is a request for allowable for a newly diffed to despend<br>well, this form must be accompanied by a tabulation of the deviation<br>tests taken on the well in accordance with RULE 111. |  |  |
| +      | Vice-President (Title)  |  | All sections of this form must be filled out completely for allow-   |  |  |
|        | (Tiule)<br>2-1 <sup>8</sup> -82   |  | able on new and recompleted wells.<br>Fill out only Sections I, II, III, and VI for changes of owner,  |  |  |
| (Date) |   |  | well name or number, or transporter, or other such thange of condition.<br>Separate Forms C-104 must be filed for each pool in multiply<br>completed wells.                                      |  |  |