

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

RECEIVED

Form C-104
Revised 10-1-78

APR 13 1982

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

REGISTRATION	
SANTA FE	
FILE	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	

RPM ENERGY, Inc ✓

Address 613 COMMERCIAL BANK, MIDLAND, TX 79701

Reason(s) for filing (Check proper box)

New Well	☐
Recompletion	☐
Change in Ownership	☐

Other (Please explain)

Change in Transporter of:	
Oil	☒
Dry Gas	☐
Coalinghead Gas	☐
Condensate	☐

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	EXXON A	Well No.	1	Pool Name, including Formation	UNDESIGNATED SAN ANDREA	Kind of Lease	State, Federal or Fee FEE	Lease No.	
Location									
Unit Letter	F	2310	Feet From The	WEST	Line and	1650	Feet From The	NORTH	
Line of Section	21	Township	16S	Range	26E	NMPM,	EDDA	County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
PERMIAN CORPORATION (EX. 9/1/87)	P.O. Box 1183 Houston, TX 77001
Name of Authorized Transporter of Coalinghead Gas ☐ or Dry Gas ☐	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 Sec. Twp. Rge. Is gas actually connected? When
	FT 21 16S 26E NO

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, CR, 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					

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

Posted ID-3
Change Transporter
4-16-82

GAS WELL

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

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]
MGR DRUG & PRODUCTION
4-13-82
(Date)

OIL CONSERVATION DIVISION
APR 13 1982

APPROVED BY *[Signature]*
SUPERVISOR, DISTRICT II

TITLE

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 multiple completed wells.