

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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FEB 19 1982

O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	1
OIL	1
GAS	
OPERATOR	1
PRODUCTION OFFICE	

Operator RPM Energy, Inc. ✓	
Address 613 Commercial Bank Tower, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

CANNINGHEAD GAS MUST NOT BE
HAYED A LER 4-7-82
UNLESS AN EXCEPTION TO Rule 306
IS OBTAINED

EX # 2-596

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name EXXON A	Well No. 2	Pool Name, including Formation Undesignated San Andres	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter J : 2310 Feet From The South Line and 2310 Feet From The East Line of Section 21 Township 16S Range 26E, 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"/> Cities Service Trucks	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1919, Midland, TX 79702					
If well produces oil or liquids, give location of tanks.	Unit J	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 11/7/81	Date Compl. Ready to Prod. 12/2/81		Total Depth 1370		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3365 GL	Name of Producing Formation Undesignated San Andres		Top Oil/Gas Pay T(1239)		Tubing Depth 1211			
Perforations 1239, 1244 1/2, 1258, 1260, 1268, 1272, 1275, 1276, 1282, 1289, 1292, 1300, 1301, 1311, 1319, 15 shots 3/8"					Depth Casing Shoe 1370			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14-3/4"	10-3/4"		400		350 SX			
9-7/8"	7"		1140		360 SX			
6-1/8"	4-1/2"		1370		50 SX			
	2 3/8		12 1/4					

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 12-2-81	Date of Test 2-9-82	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 35 PSI	Casing Pressure	Choke Size 1/2
Actual Prod. During Test 1.7	Oil-Bbls. 1.2	Water-Bbls. .5	Gas-MCF 5.5

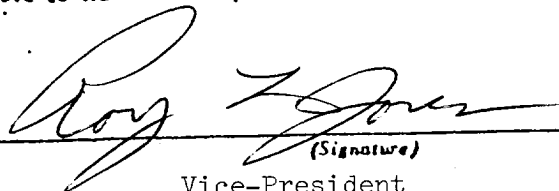
Posted ID-2
+ Comp. Book
LJ-CIT
2-26-82

GAS WELL

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

Vice-President

(Title)

2-18-82

(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 22 1982
BY W. A. Grissett
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 filed for each pool in multiply completed wells.