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O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OPERATOR	
LAND OFFICE	
TRANSPORTER	
OPERATION	
PRODUCTION OFFICE	

Operator
RPM Energy, Inc. /
Address
613 Commercial Bank Tower, Midland, TX 79701

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE
Recompletion <input type="checkbox"/>	FLARED AFTER 4-1-82
Change in Ownership <input type="checkbox"/>	UNLESS AN EXCEPTION TO Rule 306
Change in Transporter of: Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/>	IS OBTAINED
Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	EX 2-398

If change of ownership give name
and address of previous owner N/A

II. DESCRIPTION OF WELL AND LEASE

Lease Name State	Well No. 3	Pool Name, including Formation Undesignated San Andres	Kind of Lease State, Federal or Fee State	Lease No. L-4853
Location Unit Letter D : 330 Feet From The North Line and 330 Feet From The West Line of Section 16 Township 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 Attn: B. Shelton	P.O. Box 1919, Midland, Texas 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 Sec. Twp. Rge. D 16 16S 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 9-17-81	Date Compl. Ready to Prod. 11-4-81	Total Depth 1370	P.B.T.D. 1366
Elevations (DF, RKB, RT, GR, etc.) 3353 GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 1181	Tubing Depth 1209'
Perforations 1181-1353	W/38 shots	Depth Casing Shoe 1368'	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
9-7/8"	7"	1080	200 SXS
6-1/8"	4 1/2"	1368	160 SXS
		1269	

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 11-4-81	Date of Test 1-28-82	Producing Method (Flow, pump, gas lift, etc.) Pump
Length of Test 24 hours	Tubing Pressure 8.0	Casing Pressure
Actual Prod. During Test 13.6 bbls	Oil-Bbls. 10.2	Water-Bbls. 3.4
		Choke Size 1 1/4"
		Gas-MCF 18.49

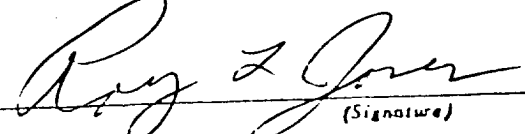
Posted ID-2
& Comp. Book
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2-26-82

GAS WELL

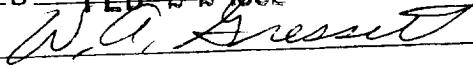
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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)
February 1, 1982
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 22 1982
BY 
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 deepen well, this form must be accompanied by a tabulation of the deviated 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 own well name or number, or transporter, or other such change of conditions.
Separate Forms C-104 must be filed for each pool in multiply completed wells.