State of New Mexico Submit 5 Copies
Appropriate District Office
DISTRICT I RECEIVED Energy, Minerals and Natural Resources Department Form C-104 Revised 1 1 89 See Instruc DISTRICT II P.O. Drawer DD, Artesia, NM 88210 JUN 26 '89 OIL CONSERVATION DIVISION P.O. Box 2009 P.O. Box 1980, Hobbs, NM 88240 at Bottom of Santa Fe, New Mexico 87504-2088 DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410 C. D. Transporter ARTESIARE QUEST FOR ALLOWABLE AND AUTHORIZATION Operator TO TRANSPORT OIL AND NATURAL GAS Well-API-No. Operator RB Operating Company Address 79761 Grandview, Suite 201, Odessa, Texas N. Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Dry Gas Recompletion Oil Effective June 1, 1989 Change in Operator X Casinghead Gas Condensate If change of operator give name and address of previous operator Reading & Bates Petroleum Co., 2412 N. Grandview, Suite 201, Odessa, Tx.7976 II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee Atsel Federal Artesia Queen Grayburg SA 062407 Location 990 Feet From The South Line and 2200 Unit Letter _ _ Feet From The __East Township 17S Range 29E , NMPM, Eddv County III. 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) X Navajo Refining Company
Name of Authorized Transporter of Casinghead Gas Pipeline Division P.O. Drawer 159, Artesia, New Mexico or Dry Gas Address (Give address to which approved copy of this form is to be sent) Phillips Petroleum Company 4001 Penbrook, Odessa, Texas If well produces oil or liquids, Sec. Unit Twp. Rge. Is gas actually connected? When? 30 17 29 0 Yes 5/6/65 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Diff Res'v Gas Well New Well Workover Deepen Plug Back Same Res'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD **CASING & TUBING SIZE** HOLE SIZE **DEPTH SET** SACKS CEMENT 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. Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Length of Test **Tubing Pressure** Casing Pressure Choke Size Gas- MCF Actual Prod. During Test Water - Bbis. Oil - Bbls. **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate

VI. OPERATOR 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 Larry Rampey

Testing Method (pitot, back pr.)

Printed Name

June 21, 1989

ce President (918)

Tubing Pressure (Shut-in)

492-0447

Telephone No

OIL CONSERVATION DIVISION

Choke Size

ORIGINAL SIGNED BY By_

MIKE WILLIAMS

Casing Pressure (Shut-in)

SUPERVISOR, DISTRICT IT Title_

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.