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State of New Mexico

Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

JUN 26 '89 IL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

O. C. D.

Santa Fe, New Mexico 87504-2088

Santa Fe	T		П	Γ
File	T		7	Г
Y	T	Oila		
Transporter	Г	Gas		
Operator	┱			Г

<u>DISTRICT III</u> 1000 Rio Brazos Rd., Azteo	, NM 87410R	TESIA, OFFI	CE IEST E	מר	ÀLLOWA	BLE AND	ALITHODI:	ZATIONI	Transpo	Gas			
I.		-			_		=	=	Coperato	<u></u>	ليليا		
I. TO TRANSPORT OIL AND NATURAL GAS									Well API No.				
RB Operat	ing Comp	any /											
Address													
2412 N. G Reason(s) for Filing (Check	randview k <i>proper bo</i> z)	. Suite	<u>≥ 201,</u>	0de	ssa, Tex	(as 7976	l es (Please expla	in)					
New Well			Change in	Tran	sporter of:		. (						
Recompletion		Oil		Dтy	Gas 🔲	Ei	ffective	June 1	, 1989				
	<u> </u>	Casinghe	ad Gas	Con	densate								
If change of operator give a and address of previous ope	rator Readi	ing & B	ates Pe	etro	oleum Co	., 2412 1	N. Grandy	view, Su	ite 201	<u>Odessa</u>	Tx. 797		
II. DESCRIPTION	OF WELL	AND LE	ASE										
Lease Name	<u> </u>		Well No.	Pool	Name, Inclu	ling Formation			of Lease	1	ease No.		
Green Federal			2	Į į	Artesia	Queen Gra	ayburg SA	State,	Federal or Fe	0555	569		
Location			220										
Unit Letter	<u> </u>	- :	330	Feet	From The _	North Lin	e and13	883 Fe	et From The	West	Line		
Section 31	Townshi	ip 17	S	Ran	ge 29E	, N	MPM, F	Eddv			County		
III. DESIGNATION Name of Authorized Trans			or Conden		ND NATU		e address to wh	hich anneans	l come of this	arm is to be -	ent)		
Navajo Refinir	-	ny 🗓 P			ivision	1	cawer 159						
Name of Authorized Trans	porter of Casin	ghead Gas	X		ry Gas	Address (Giv	e address to wh	hich approved	copy of this f	orm is to be s			
Phillips Petro		<del></del>	· -				enbrook,			79762			
If well produces oil or lique in the produces of the location of tanks.	ids,	Unit   D	Sec. 31	Twp	o. <b>  Rg</b> e 17 <b> </b> 29	. Is gas actuall	•	When					
If this production is commi	ngled with that	<del></del>	<del></del>				es ber:		/4/65		······································		
IV. COMPLETION		,		<b>,</b>	<b>5</b>	Sum Connect Trans							
Desirence Tree of	C1	<i>a</i> v	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of	Completion		1	l		Total Darek	<u> </u>	<u> </u>	<u></u>	<u></u>			
Date Spudded		Date Con	npl. Ready to	) PTOC	L.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas	Top Oil/Gas Pay		Tubing Der	Tubing Depth							
,	•												
Perforations									Depth Casi	ng Shoe			
			TIDDIC	<u> </u>	CINIC AND	CEMENT	NC BECOR	<u> </u>					
HOLE SIZI	•		ASING & TU	-		CEMENTI	DEPTH SET		1	SACKS CEM	MENT		
11000 0121	<del>-</del>	<del>                                     </del>	10	<u> </u>	<u> </u>		52, 711 521						
				·									
		<b>_</b>											
V. TEST DATA AN	D REOUE	ST FOR	ALLOW	ARI	.F.								
	-					st be equal to or	exceed top all	owable for th	is depth or be	for full 24 hor	urs.)		
Date First New Oil Run To	Tank	Date of T	est.			Producing M	ethod (Flow, pr	ump, gas lift,	etc.)		<del>1</del> 49		
						G : - D			Choke Size	10	) 0 1 P		
Length of Test		Tubing Pr	ressure			Casing Press	ure		Choke Size	0.3	" The		
Actual Prod. During Test		Oil - Bbls	 S.			Water - Bbis	<u> </u>	<del></del>	Gas- MCF	# F 10	1		
											0		
GAS WELL													
Actual Prod. Test - MCF/I	)	Length of	f Test			Bbls. Conde	nsate/MMCF		Gravity of	Condensate			
				(5)		Choke Size							
Testing Method (pilot, back	t <i>pr.)</i>	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Cloke Size						
VI. OPERATOR	CEDTIE	TATE O	E COM	DT T	ANCE				1				
I hereby certify that the						-    (	OIL CON	<b>NSERV</b>	<b>ATION</b>	DIVISION	NC		
Division have been cor	nplied with and	I that the inf	ormation giv					^	OT A A	4000			
is true and complete to	the best of my	knowledge	and belief.			Date	e Approve	ed	CT 2 0	1989			
2000	. 🖈 ر	3. Z	e , .				, ,						
Signature	7/1	<u> </u>	1			By_		INAL SIC					
<u>Larry Rampé</u>	<del>/</del>		ice Pre					WILLIAN	MS   DISTRIC	T IP			
Printed Name	80	,	`a19\ //	Titl	-	Title	SUPI		UISTRIC	· · · ·			
June 21, 198  Date	J 7		918) 49 Tel		0447 ne No.								

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.

  4) Separate Form C-104 must be filed for each pool in multiply completed wells.