Appropriate District Office DISTRICT I	Energy, Minerals and Natural Resources Department					Form C-104 Revised 1 29 See Instru			
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210	IIN 26 '89 OIL CO	ONSERV	ATION I	DIVISIO	N	Santa Fe		tom o	
	HKC.	P.O. I ta Fe, New M	Box 2088 Iexico 875	04-2088		Transporter	Oil	4	
000 Rio Brazos Rd., Aztec, NM 8741	の。C. D. RTESIAFIE包UEST FO	R ALLOWA	BLE AND	AUTHORI	ZATION	Operator	Gas	Ħ	
• Operator		NSPORT O			AS	AMENY			
RB Operating Comp	oany /				Well	API No.			
Address	- Cuite 201 01		7076		··.				
2412 N. Grandviev Reason(s) for Filing (Check proper box	;) Suite 201, Od	lessa, Tex		<u>l</u> ner (Please expla	zin)		/ 1		
lew Well		ransporter of:	Effect	ive June	1. 198	9	W^{1}		
hange in Operator	Casinghead Gas C	Condensate			•	3	~ <u></u>		
change of operator give name d address of previous operator Read	ling & Bates Pet	roleum Co	., 2412	N. Grand	view, S	uite 201	, Odess	a, Tx. 79	
. DESCRIPTION OF WELL	L AND LEASE	·			 ,		,		
Atsel Federal	to it is a second traine, is		,			of Lease Lease No. , Federal or Fee 062407			
ocation							-	<u> </u>	
Unit Letter1	:1760F	eet From The S	outh Lin	e and990	<u>) </u>	eet From The _	East	Line	
Section 30 Towns	ship 17S R	tange 29E	, NI	мрм,	Eddy			County	
I. DESIGNATION OF TRA	NSPORTER OF OIL								
ame of Authorized Transporter of Oil Injection Well	or Condensat	te	Address (Giv	e address to wh	ich approved	copy of this fo	orm is to be s	ent)	
ame of Authorized Transporter of Cas	inghead Gas o	r Dry Gas	Address (Giw	e address to wh	ich approved	copy of this fo	orm is to be s	ent)	
well produces oil or liquids,	Unit Sec. T	wp. Rge.	Is gas actually	y connected?	When	?			
e location of tanks. his production is commingled with the	at from any other lease or po	ol give comming	ling order numb	har:	_1_				
. COMPLETION DATA	- Tomany outer least or por	or, give continuing		Æ1.					
Designate Type of Completion	n - (X)	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
te Spudded	Date Compl. Ready to Pr	rod.	Total Depth			P.B.T.D.		- 1	
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation reforations			Top Oil/Gas Pay			Tubing Depth			
			<u> </u>			Depth Casing Shoe			
						Depui Casing	, onoc		
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE		CEMENTING RECORD DEPTH SET			SACKS CEMENT			
77000 012	CASING & TOBING SIZE		DEPTH SET			SACKS CEMENT			
									
TECT DATA AND DECLE	EST FOR ALL OWAR								
TEST DATA AND REQUE L WELL (Test must be after	recovery of total volume of l		be equal to or	exceed top allo	wable for this	s depth or be fo	or full 24 hou	rs.)	
te First New Oil Run To Tank	Date of Test			thod (Flow, pun				4004	
ngth of Test	Tubing Pressure		Casing Pressure			Choke Size			
tual Prod. During Test	d. During Test Oil - Bbls.		Water - Bbis.			Gas- MCF ROW OF			
tour root buring rest	Oil - Bbis.								
AS WELL					-			,, _,, _	
tual Prod. Test - MCF/I)	Length of Test	Bbls. Condensate/MMCF			Gravity of Condensate				
ting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)			Choke Size				
OPERATOR CERTIFIC	CATE OF COMPI	IANCE							
I hereby certify that the rules and regu	ulations of the Oil Conservati	on	C	DIL CON	SERV	ATION E	DIVISIO	N	
Division have been complied with and is true and complete to the best of my	I that the information given a knowledge and belief.	above	Doto	Approves	በድ	T 2 0 19	189		
Low K	Ren -		Date	Approved					
Signature Signature			By ORIGINAL SIGNED BY						
Larry Rampey Vice President Printed Name Title			MIKE WILLIAMS SUPERVISOR DISTRICT						
June 21, 1989	(918) 492-0	<u>0447</u>	Title_			יי ביטותונ	- 1 17		
Date	Telepho	one No.	11						

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.