State of New Mexico Submit 5 Copies
Appropriate District Office
DISTRICT I Form C-104 RECEIVEL Energy, Minerals and Natural Resources Department Revised 1-1-89 See Instructions DISTRICT II
P.O. Drawer DD, Artesia, NM 88210 JUN 26 '89 PO Box 2000 at Bottom of Page Santa Fe, New Mexico 87504-2088 Transporter DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 87410 . C. ED. Operator ARTESIA DE DE LEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator RB Operating Company Address Grandview, Suite 201, Odessa, Texas 2412 N. 79761 Other (Please explain) Reason(s) for Filing (Check proper box) New Well Change in Transporter of Dry Gas Recompletion Oil Effective June 1, 1989 X Change in Operator 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. 79761 II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Lease No. Lease Name Kind of Lease State, Federal or Fee Green Federal Artesia Queen Grayburg SA 0555569 Location 1650 Feet From The North Line and 1612 Unit Letter \_ Feet From The West 17S Section 31 Township Range 29E , NMPM, Eddy 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 Pipeline Division P.O. Drawer 159, Artesia, New Mexico Navajo Refining Company Name of Authorized Transporter of Casinghead Gas  $\square X$ or Dry Gas Address (Give address to which approved copy of this form is to be sent) Phillips Petroleum Company 4001 Penbrook, Odessa, Texas 79762 Sec. If well produces oil or liquids, Unit Twp. is gas actually connected? When? give location of tanks. 31 17 Yes 7/3/65 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well New Well Workover Deepen Plug Back Same Res'v Gas Well Diff Res'v Designate Type of Completion - (X) Date Spudded Total Depth Date Compl. Ready to Prod. P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay **Tubing Depth** Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD CASING & TUBING SIZE SACKS CEMENT **HOLE SIZE DEPTH SET** V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Casing Pressure **Tubing Pressure** Water - Bbls. Actual Prod. During Test Oil - Bbls. **GAS WELL** Actual Prod. Test - MCF/D Bbls. Condensate/MMCF Length of Test Gravity of Condensate Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in)

## 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 President Printed Name Title 1989

<u>June</u>

(918) 492-0447 Telephone No.

## OIL CONSERVATION DIVISION

OCT 2 0 1989

Date Approved

ORIGINAL SIGNED BY By \_\_

MIKE WILLIAMS

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.
- 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.