

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

MAY 10 1993

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LT  
ap

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

|   |   |
|---|---|
| Operator  | Well APN No.  |
| Rainbow Energy Corporation  | 30-015-02002  |
| Address   |   |
| 2610 Camarie, Midland, Texas 79705  |   |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) |   |
| New Well <input type="checkbox"/>   | Change in Transporter of:   |
| Recompletion <input type="checkbox"/>   | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>               |
| Change in Operator <input checked="" type="checkbox"/>                                  | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Change of operator give name and address of previous operator                           |   |
| Plains Petroleum Operating Company, 415 W. Wall, Suite 1000, Midland, TX 79701          |   |

DESCRIPTION OF WELL AND LEASE

|  |          |                                |                       |           |
|--|----------|--------------------------------|-----------------------|-----------|
| Lease Name   | Well No. | Pool Name, Including Formation | Kind of Lease         | Lease No. |
| Resler Yates State   | 302      | Artesia - Queen GSA Field      | State, Federal or Fee | 647       |
| Location   |          |                                |                       |           |
| Unit Letter P : 950 Feet From The East Line and 425 Feet From The South Line |          |                                |                       |           |
| Section 21 Township 18S Range 28E, NMPM, Eddy County                         |          |                                |                       |           |

I. 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) |
| Navajo Refining Company  | 501 E. Main, P.O. Drawer 159, Artesia, N.M. 88210                        |
| 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) |
| Well produces oil or liquids, or location of tanks.  | Unit C Sec. 28 Twp. 18 Rge. 28 Is gas actually connected? No When ?      |

this production is commingled with that from any other lease or pool, give commingling order number:

II. COMPLETION DATA

|                                     |                             |          |                   |          |              |           |            |            |
|-------------------------------------|-----------------------------|----------|-------------------|----------|--------------|-----------|------------|------------|
| Designate Type of Completion - (X)  | Oil Well                    | Gas Well | New Well          | Workover | Deepen       | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded                        | Date Compl. Ready to Prod.  |          | Total Depth       |          | P.B.T.D.     |           |            |            |
| Levelations (DF, RKB, RT, GR, etc.) | Name of Producing Formation |          | Top Oil/Gas Pay   |          | Tubing Depth |           |            |            |
| Perforations                        |                             |          | Depth Casing Shoe |          |              |           |            |            |

TUBING, CASING AND CEMENTING RECORD

|           |                      |           |              |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|           |                      |           | Part ID-3    |
|           |                      |           | 9-17-53      |
|           |                      |           | why ap       |

III. 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 Tank | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                 | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test       | Oil - Bbls.     | Water - Bbls.                                 | Gas - MCF  |

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. 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 Teresa K. Wright Agent  
Printed Name Teresa K. Wright Title  
Date May 13, 1993 Telephone No. 915 685-3328

OIL CONSERVATION DIVISION

Date Approved SEP - 8 1993

By ORIGINAL SIGNED BY

MIKE WILLIAMS

Title SUPERVISOR, DISTRICT II

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.