

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

RECEIVED
AUG 05 1991
O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator RB Operating Company Well API No. _____
Address 2412 N. Grandview, Suite 201, Odessa, Texas 79761
Reason(s) for Filing (Check proper box) ☐ Other (Please explain) _____
New Well ☐ Change in Transporter of: _____
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Operator ☐ Casinghead Gas ☐ Condensate ☐
If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE
Lease Name Carrasco Comm Well No. 1 Pool Name, Including Formation North Loving Morrow Kind of Lease State, Federal or Fee Lease No. _____
Location Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West Line
Section 14 Township 23S Range 28E , NMPM, Eddy 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) Amoco Pipeline Intercompany Trucking P.O. Box 702068, Tulsa, OK 74170-2068
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Company P.O. Box 1492, El Paso, Texas 79978
If well produces oil or liquids, give location of tanks. Unit F Sec. 14 Twp. 23S Rge. 28E Is gas actually connected? Yes When? 6/6/79
If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. 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. _____
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
HOLE SIZE CASING & TUBING 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)
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 (puoc, 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]
Signature F. D. Schoch Area Manager
Printed Name _____ Title _____
Date 8/1/91 (915) 362-6302
Telephone No. _____

OIL CONSERVATION DIVISION
Date Approved AUG 05 1991
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.