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Appropriate District Office  
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DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

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

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

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <b>RB Operating Company</b>		Well API No. <b>79 05-10021</b>
Address <b>2412 N. Grandview, Suite 201, Odessa, Texas 79761</b>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

### II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>South Culebra Bluff</b>	Well No. <b>4</b>	Pool Name, Including Formation <b>E. Loving (Delaware)</b>	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <b>A</b> : <b>660</b> Feet From The <b>North</b> Line and <b>560</b> Feet From The <b>East</b> Line Section <b>23</b> Township <b>23S</b> Range <b>28E</b> , <b>NMPM</b> , <b>Eddy</b> County				

### III. 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) <b>P.O. Box 1183 Houston, Texas 77001</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1492 El Paso, Texas 79978</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>G</b>	Sec. <b>23</b>
	Twp. <b>23S</b>	Rge. <b>28E</b>
	Is gas actually connected?	When?
	<b>Yes</b>	<b>3/29/90</b>

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod. <b>3/29/90</b>		Total Depth <b>9800'</b>		P.B.T.D. <b>6280'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3012. RKB</b>	Name of Producing Formation <b>Delaware</b>		Top Oil/Gas Pay <b>6183'</b>		Tubing Depth <b>6130'</b>			
Perforations <b>6785-6514</b>					Depth Casing Shoe			

### TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>17-1/2</b>	<b>13-3/8</b>	<b>440</b>	<b>550</b>
<b>12-1/4</b>	<b>7-5/8</b>	<b>6185</b>	<b>6200</b>
<b>6-1/2</b>	<b>4-1/2 Liner</b>	<b>5786 - 9800</b>	<b>475</b>
	<b>2-3/8</b>	<b>6103</b>	

### 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 <b>3/29/90</b>	Date of Test <b>5/8/90</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flow</b>	
Length of Test <b>24</b>	Tubing Pressure <b>600</b>	Casing Pressure <b>0</b>	Choke Size <b>16/64</b>
Actual Prod. During Test <b>108</b>	Oil - Bbls. <b>108</b>	Water - Bbls. <b>87</b>	Gas - MCF <b>68</b>

### 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  
**F. D. Schoch** Area Manager  
Printed Name  
**5/24/90** (915) 362-6302  
Date Telephone No.

### OIL CONSERVATION DIVISION

Date Approved **MAY 31 1990**

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.