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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

RECEIVED

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

OCT -2 '90

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input 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 Amoco Federal	Well No. 1	Pool Name, including Formation E. Loving (Delaware)	Kind of Lease State, Federal or Fee	Lease No. NM 32636
Location Unit Letter I : 1980 Feet From The South Line and 990 Feet From The East Line Section 11 Township 23S Range 28E, NMPM, Eddy 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) The Permian Corporation P.O. Box 1183, Houston, Texas 77001					
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) El Paso Natural Gas Co. P.O. Box 1492, El Paso, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 11	Twp. 23S	Rge. 28G	Is gas actually connected? Yes	When? 9/27/90

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 X	Gas Well	New Well	Workover X	Deepen	Plug Back X	Same Res'v	Diff Res'v X
Date Spudded 9/20/90	Date Compl. Ready to Prod. 9/27/90		Total Depth 11898		P.B.T.D. 6325'			
Elevations (DF, RKB, RT, GR, etc.) 2992.1 GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 6124		Tubing Depth 6084'			
Perforations 6124-6128 6138-6142 6152-6160 6174-6178 6204-6208					Depth Casing Shoe 11191'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26	20		450		1575 sx + 120 sx			
17-1/2	13-3/8		2624		2845 sx Post ID-2			
12-1/4	9-5/8		11191		4200 sx 10-26-90			
8-1/2	7		10786-11898		190 sx P+H A&A			

V. TEST DATA AND REQUEST FOR ALLOWABLE 2-7/8" 6084'

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 9/24/90	Date of Test 9/26/90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hour	Tubing Pressure 275	Casing Pressure 0	Choke Size 23/64"
Actual Prod. During Test	Oil - Bbls. 196	Water - Bbls. 192	Gas - MCF 283

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puot, 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 James G. Shepat
Sr. Prod. Engineer
Printed Name _____ Title _____
Date _____ Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved OCT 26 1990

By ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II
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.
- 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.