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

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

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

RECEIVED

JUN 15 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator RB Operating Company	Well API No. O. C. - ARTESIA, OFFICE
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. 3	Pool Name, Including Formation E. Loving (Delaware)	Kind of Lease State, Federal or Fee	Lease No. NM 32636
Location Unit Letter H : 1980 Feet From The North 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 11	Twp. 23S	Rge. 28E	Is gas actually connected? Yes	When? 1980

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	Deepen	Plug Back X	Same Res'v	Diff Res'v X
Date Spudded 2-28-80	Date Compl. Ready to Prod. 5-13-90 (Delaware)		Total Depth 9592'		P.B.T.D. 6290'			
Elevations (DF, RKB, RT, GR, etc.) 3022 KB	Name of Producing Formation E. Loving (Delaware)		Top Oil/Gas Pay 6144'		Tubing Depth 5783'			
Perforations 6144-6192'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8"		445		600 Post ID-2			
11	7-5/8"		6280		2400 7-20-80			
6-1/2	4-1/2"		5810-9592'		550 comp. Dils.			
	2-7/8		5753'					

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 6-14-90	Date of Test 6-6-90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 250	Casing Pressure 0	Choke Size 16/64"
Actual Prod. During Test 140	Oil - Bbls. 140	Water - Bbls. 93	Gas - MCF 123

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  
Print Name  
6-14-90 (915) 362-6302  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 12 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.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.