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

## State of New Mexico Energy, Minerals and Natural Resources Departmen

## RECEIVED

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



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

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

I.

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

AUG 0 5 1991

Well API No.

O. C. D.

REQUEST FOR ALLOWABLE AND AUTHORIZATIONS OFFICE
TO TRANSPORT OIL AND MATTER TO TRANSPORT OIL AND MATTER

perator							Well	TL1 140°			
RB Operating Company								30-015-23	084		
idress											
2412 N. Grandview, Sui	ite 20	l, Odes	ssa.	Texas	79761						
eason(s) for Filing (Check proper box)		<del></del>	<u>_</u>		Oth	r (Please expla	iin)	····			
iew Well		Change is	n Transp	orter of:							
Recompletion	Oil		Dry G		Eff	ective J	uly 1,	1991			
• —		ad Gas	•	$\overline{}$							
Change in Operator	Canadia			<u> </u>							
change of operator give name ad address of previous operator											
•	ANIEN E E	ACE									
L DESCRIPTION OF WELL AND LEASE			Dool N	Jama Jackyd	ing Formation		Kind	Kind of Lease		Lease No.	
Lease Name		Well No.	1		_	Foot		Federal or Fee	NM32	636	
Amoco Federal		3	L	ATUR DE	elaware,	EdSL			1 11132	030	
Location											
Unit Letter H	:19	980	_ Feet F	rom The _L	lorth_L	e and9	90 Fe	et From The	East	Line	
	2.2	0		2.0	)	cont. d	r			County	
Section 11 Township	, 23	5	Range	28	SE , N	MPM,	Eddy			County	
III. DESIGNATION OF TRAN	SPORT			ND NATU	RAL GAS		hish samenas	copy of this for	- is to be se	at)	
Name of Authorized Transporter of Oil	X	or Coade			1						
Amoco Pipeline Interco		te Tru						OK 741			
Name of Authorized Transporter of Casing		X	or Dr	y Gas 🔙	1			copy of this for		nu)	
El Pasc Natural Gas Co	ompany				P.O. Box 1492, E1			_	79978		
If well produces oil or liquids,	Unit	Sec.	Twp	Rge	ls gas actually connected?		When	When?			
pive location of tanks.	1 H	11	1235		Yes		L	1980			
If this production is commingled with that	from any o	ther lease o	r pool, g	ive commin	gling order nur	iber:					
IV. COMPLETION DATA								<del></del>			
		Oil We	:11	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Resiv	Diff Resv	
Designate Type of Completion	- (X)	İ	1		1	1	1	<u> </u>			
Date Spudded	Date Co	mpl. 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			
Elevations (D1 Port), X1; ON, Elev	Traile of Troopering Community				1	:					
Perforations								Depth Casing	Shoe		
		TI!RING	CAS	ING ANT	CEMENT	ING RECO	RD				
10.5.035		ASING &			CENTE	DEPTH SE		S	ACKS CEM	IENT	
HOLE SIZE		ASING	100110	JULE							
	<u>.</u>		<del>_</del>	<del>_</del>							
The second second	CT FOR	ALLOV	I' A DI	r			<del></del>				
V. TEST DATA AND REQUE	SIFOR	ALLOV	ADL.	E , , ,			lloumble for it	us depth or be fo	or full 24 hos	urs.)	
OIL WELL Test must be after			ne of loa	a ou ana mu	Si se equal is s	Method (Flow, p	numn eas lift	elc	· · · · · · · · · · · · · · · · · · ·		
Date First New Oil Run To Tank	Date of	Test			Producing :	riculou (7 104), j	ρ <b>ω</b> γφ. 8 <del></del> 191.	,			
					Casing Pressure			Choke Size	Choke Size		
Length of Test	Tubing	Pressure			Casing Pres	sure		Chest Sits			
					Waler - Bbis.			Gas- MCF			
Actual Prod. During Test	Oil - Bb	Oil - Bbls.				s.		·			
GAS WELL		. —									
Actual Prod. Test - MCF/D	Length	of Test			Bbis. Cond	ensie/MMCF		Gravity of C	ondensate		
Writing Floor 1 cm - MCL/D	nen,										
	Tubing Pressure (Shut-in)				Casing Pre	ssure (Shut-in)		Choke Size			
Testing Method (puot, back pr.)	raomg	. I wante (3	·ш/			,		1			
					<del></del>						
VL OPERATOR CERTIFIC	CATE (	OF CON	APLL/	ANCE	П		NICERI	VATION	DIVISI	ON	
I hereby certify that the rules and regu	ulations of	the Oil Con	servatio	8		OIL CO	MAOLIT	7711011		•••	
Division have been complied with an	d that the is	nformation	given ab	ove	11						
is true and complete to the pest of any	knowledg	e and belief	ſ.		Da	te Approv	ed _au	<del>a o 5 190</del>	<b></b>		
		Λ					AU	G G 3 126	•		
						I a O	GINAL SI	GNED RY			
Signature		7			Ву		E WILLIA				
F. D. Schoch	Area	Manag		<del></del>	.			, DISTRICT	7		
Printed Name			Tiu	e	Trt	le	CITTIOUR	, DISTRICT	11		
8/1/91	(91:	5) 362-			.						
Date		•	Telephor	se No.	11						

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.