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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Departm.

OIL CONSERVA'TION DIVISION

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

OSTRICT II O. Drawer DD, Ariesia, NM 88210	<b>0</b>	P.O. Box 2088 Santa Fe, New Mexico 87504-2088					ing of the second			
ISTRICT III 100 Rio Brazos Rd., Aziec, NM 87410	REQUEST F	OR ALLOWAE	BLE AND A	UTHORIZ	ration <sup>1</sup>	4 1085				
10 THANDI OTT GLEARS WITH STATE					GAS C. ( D.					
RB Operating Company				30-015-23084						
ddress 601 N. Marienfel	d, Suite 102	, Midland,	Texas 79	701	<del>- ,</del>					
exson(s) for Filing (Check proper box)  ew Well  ecompletion  change in Operator  change of operator give name	Change i Oil Casinghead Gas	in Transporter of: Dry Gas Condensate		r (Please explan			Name			
d address of previous operator						<del></del>				
. DESCRIPTION OF WELL	AND LEASE  Well No.   Pool Name, Including Formation				Kind o	Kind of Lease No.				
ease Name Amoco Federal	3	ng-Brushy	Canyon	State, I	ederal or Fee	NM326	36			
ocation  Unit Letter H	: 1980	Feet From The^			90 F∝	t From The	East	Line		
Section 11 Townsh	nip 23S	Range 2	28E , NI	ирм,	Eddy	7		County		
I. DESIGNATION OF TRAI	NSPORTER OF (	OIL AND NATI	IRAL GAS							
Name of Authorized Transporter of Oil	X or Cond		Address (Giv	e address so wh				ni)		
Tide Tipetine Company				P.O. Box 2436, Abilene, Texas 79604						
						ive address to which approved copy of this form is to be sent)  Box 1492, El Paso, Texas 79978				
	Paso Natural Gas Company  Il produces oil or liquids.   Unit   Sec.   Twp.   Rge.			y connected?	EI Pasc					
f well produces oil or liquids, we location of tanks.	I 11	123S   28E	Ye		i	1980				
this production is commingled with the	t from any other lease	or pool, give comming	gling order num	ber:						
V. COMPLETION DATA		<del></del> ,		1	<del></del>	Di - Dl-	lc p	Diff Res'v		
Designate Type of Completion	n - (X)	'ell Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Dan Kerv		
Date Spudded	Date Compl. Ready to Prod.		Total Depth	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	ons (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casi	ng Shoe			
	TUBIN	G, CASING ANI	D CEMENTI	NG RECOR	SD .	<u> </u>				
HOLE SIZE				DEPTH SET			SACKS CEMENT			
						-				
V. TEST DATA AND REQUI	EST FOR ALLO	WABLE				<del></del>				
OIL WELL (Test must be after	r recovery of total volu	me of load oil and mu	ust be equal to o	r exceed top al	lowable for th	is depth or be	for full 24 ho	wrs.)		
Date First New Oil Run To Tank	Date of Test		Producing M	dethod (Flow, p	oump, gas lift,	eic.)				
			Casing Press	Casing Pressure			Choke Size			
Length of Test	Tubing Pressure	1 Houng Fressure		Canada						
Actual Prod. During Test	Oil - Bbls.	Water - Bbl	Water - Bbls.			Gas- MCF				
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test		Bbls. Conde	Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (S	Casing Pres	Casing Pressure (Shut-in)			Choke Size				
VL OPERATOR CERTIF	ICATE OF CO	MPLIANCE		<u> </u>						
I hereby certify that the rules and re Division have been complied with a is true and complete to the best of n	gulations of the Oil Cound that the information	enservation given above		OIL CO				ON		
			Dai	te Approv	eu	ند ئ حافال				
la Jour	lean_		By.							
Signature Tim Goudeau	Regiona	al Manager	- 11	0.00	INAL SIG	NED BY				
Printed Name		Title	Titl	A ADVE	AMB LIAM	S	TH			
7/12/93	(915) 682	.	Title MIKE WILLIAMS SUPERVISOR, DISTRICT II							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

- 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.