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

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

RECEIVED
FEB 27 1992

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) ☐ Other (Please explain)
New Well ☐ **Change in Transporter of:**
Recompletion ☐ **Oil** ☒ **Dry Gas** ☐ **Effective March 1, 1992**
Change in Operator ☐ **Casinghead Gas** ☐ **Condensate** ☐

If change of operator give name and address of previous operator _____

II. **DESCRIPTION OF WELL AND LEASE**

Lease Name South Culebra Bluff	Well No. 6	Pool Name, Including Formation Loving Delaware, East	Kind of Lease State, Federal or Fee	Lease No.
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Location
Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West Line
Section 24 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"/> Pride Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2436, Abilene, Texas 79604
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	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 E	Sec. 24	Twp. 23S	Rge. 28E	Is gas actually connected? Yes	When ? 5/24/90
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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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
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Date Spudded	Date Compl. 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
Perforations	Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

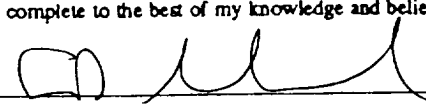
V. **TEST DATA AND REQUEST FOR ALLOWABLE**
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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 F. D. Schoch **Regional Manager**
Printed Name _____ **Title** _____
Date 2/25/92 **Telephone No.** (915) 362-6302

OIL CONSERVATION DIVISION
Date Approved FEB 27 1992
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.
4) Separate Form C-104 must be filed for each pool in multiply completed wells.