Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

OIL CONSERVATION DIVISION

State of New Mexico

Energy, Minerals and Natural Resources Department

RECEIVED

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210		P.O. Box 2088 Santa Fe, New Mexico 87504-2088 NOV 1'90			
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST FOR ALLOW	VABLE AND AUTHORIZA	TION O.C.D. ARTESIA, OFFICE		
[. Operator	TO TRANSPORT	OIL AND NATURAL GAS	Well API No.		
RB Operating Company_					
Address 2412 N. Grandview, Sui	te 201, Odessa, Texas	79761			
Reason(s) for Filing (Check proper box)	· · · · · · · · · · · · · · · · · · ·	Other (Please explain)			
New Well X	Change in Transporter of: Oil Dry Gas				
Change in Operator If change of operator give name and address of previous operator	Casinghead Gas Condensate				
II. DESCRIPTION OF WELL	· · · · · · · · · · · · · · · · · · ·				
Lease Name	Well No. Pool Name, In	-	Kind of Lease State, Federal or Fee	Lease No.	
A. Onsurez	I E. Lov	ing (Delaware)			
Unit Letter C	: 660 Feet From The	North Line and 1980	Feet From The We	stLine	
Section 11 Townshi	p 23S Range 28	8E , NMPM, Edd	у	County	
III. DESIGNATION OF TRAN	ISPORTER OF OIL AND NA	TURAL GAS			
Name of Authorized Transporter of Oil	X or Condensate	Address (Give address to which	approved copy of this form i	s ю be seru)	
The Permian Corporation		P.O. Box 1183, Houston, Texas 77001			
Name of Authorized Transporter of Casing					
El Paso Natural Gas Co If well produces oil or liquids,		P.O. Box 1492, El Paso, Texas 79978 Rge. Is gas actually connected? When?			
give location of tanks.		8E Yes	8/22/90		
If this production is commingled with that IV. COMPLETION DATA					
Designation Transfer of Completion	Oil Well Gas We	II New Well Workover	Deepen Plug Back Sam	e Res'v Diff Res'v	
Designate Type of Completion		Tari Dark			
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	/Gas Pay Tubing Depth		
Perforations			Depth Casing Sho	oe ·	
	TUBING, CASING A	ND CEMENTING RECORD	· · · · · · · · · · · · · · · · · · ·		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACI	SACKS CEMENT	
V. TEST DATA AND REQUE					
	recovery of total volume of load oil and			dl 24 hours.)	
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump	, gas lyt, etc.)		
Length of Tess	Tubing Pressure	Tubing Pressure Casing Pressure		Choke Size	
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.	Gas- MCF		
GAS WELL					
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Conde	ensale	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI. OPERATOR CERTIFIC	CATE OF COMPLIANCE				
I hereby certify that the rules and regu Division have been complied with and	ilations of the Oil Conservation if that the information given above	OIL CONS	SERVATION DI'	VISION	
is true and complete to the best of my	knowledge and belief.	Date Approved	- N M		
James of Shatpall			By		
Signature O James L. Shatzsall,	Sr. Engineer		1 VIA		
Printed Name	Title Title	Title	1 no		

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

(915) 362-6302

10/30/90 Date

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 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.
- Senante Form C-104 must be filed for each nool in multiply completed wells