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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

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

AUG 27 '90

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

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) <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 A. Onsurez | Well No. 1 | Pool Name, Including Formation E. Loving (Delaware) | Kind of Lease State, Federal or Fee | Lease No. |
| Location | | | | |
| Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West 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"/> | Address (Give address to which approved copy of this form is to be sent) The Permian Corporation P.O. Box 1183 Houston, Texas 77001 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Company P.O. Box 1492 El Paso, Texas 79978 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit C | Sec. 11 | Twp. 23S | Rge. 28E | Is gas actually connected? No | When? 8-22-90 |

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 <input checked="" type="checkbox"/> | Gas Well | New Well | Workover <input checked="" type="checkbox"/> | Deepen | Plug Back <input checked="" type="checkbox"/> | Same Res'v | Diff Res'v |
| Date Spudded 8/16/90 | Date Compl. Ready to Prod. 8/22/90 | | Total Depth 9825 | | P.B.T.D. 6248 | | | |
| Elevations (DF, RKB, RT, GR, etc.) 2989.3GR | Name of Producing Formation Delaware | | Top Oil/Gas Pay 6124 | | Tubing Depth 6031 | | | |
| Perforations | | | | | Depth Casing Shoe | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 17-1/2 | 13-3/8 | | 450 | | 800 | | | |
| 12-1/4 | 8-5/8 | | 2656 | | 1900 | | | |
| 7-7/8 | 5-1/2 | | 9825 | | 2180 | | | |
| | 2-7/8 | | 6031 | | | | | |

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 8/22/90 | Date of Test 8/24/90 | Producing Method (Flow, pump, gas lift, etc.) Flow | |
| Length of Test 12 hrs. | Tubing Pressure 750 | Casing Pressure 0 | Choke Size 12/64 |
| Actual Prod. During Test | Oil - Bbls. 96 | Water - Bbls. 12 | Gas - MCF 90 |

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
James L. Shatzsall, Engineer
Printed Name
8/24/90 (915) 362-6302
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 30 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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.