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

State of New Mexico Er -- y, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

RECEIVED

O. Drawer DD, Aricha, NM 88210	P.O. Box 2088 Santa Fe, New Mexico 87504-2088	JUL 0 1 1991
NSTRICT III 000 Rio Brizos Rd., Aziec, NM 87410	REQUEST FOR ALLOWABLE AND AUTHORIZAT	IONARTESIA, OFFICE

Operator		0 1717	11101	3111 010	THE TITLE C		Vell API No.		
RB Operating Compan	y 🖊								
Adress									
2412 N. Grandview,		l, Ode	essa,	Texas	79761				
eason(s) for Filing (Check proper box)		~ i	. T	and some staffs	Other (Please expl	iaut)			
lew Well	Oil	Change in	Dry Ga		Effective Ju	110 1	1991		
lecompletion	Casinghead				Effective of	ury r	, 1551		
change in Operator Lamber change of operator give name	Cangrea	040	, colors	, 41					
id address of previous operator									
I. DESCRIPTION OF WEL	L AND LEA	SE							
Lease Name			Pool N	ame, Includi	ng Formation	1	Kind of Lease		esse Na
nsurez 0		_1	E.	Loving	(Delaware)		State, Federal or F	<u> </u>	
Location		_							
Unit LetterC	:66	0	_ Fed Fi	rom The $\frac{N}{2}$	North Line and 19	80	Feet From The	. West	Line
Section 11 Town	ship 23	3	Pance	28E	, NMPM,	Eddy			County
Section 11 Town	sn:p 236		Range		, , , , , , , , , , , , , , , , , , , 	<u> </u>			
II. DESIGNATION OF TRA	NSPORTE	R OF C	IL AN	D NATU	RAL GAS				
Name of Authorized Transporter of Oil		or Coade			Address (Give address to w	vhich app	rowed copy of this	form is so be s	eni)
Amoco Production Co	mpany				P.O. Box 591,	Tulsa	, ok 7410	2	
Name of Authorized Transporter of Ca		$\square X$	or Dry	Gas	Address (Give address to w				ERI)
El Paso Natural Gas		Car.	17		P.O. Box 1492.		<u>aso. Texas</u> When?		
If well produces oil or liquids, pve location of tanks.	Unsit C	Sec.	17 wp 23S	Rge. 28E		i	8/22/9	0	
f this production is commingled with the					Yes				
V. COMPLETION DATA	at nom any so		, p, p						
		Oil We	11	Gas Well	New Well Workover	Dec	pen Plug Baci	k Same Res'v	Diff Resiv
Designate Type of Completion		1	1_		<u> </u>		l		
Date Spudded	Date Comp	ol Ready	to Prod.		Total Depth		P.B.T.D.		
	<u> </u>				Top Oil/Gas Pay		T. b a D		
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing	romation	0	Top Old Gas Fay		Tubing D	epui	
Perforations							Depth Ca	sing Shoe	
10							•		
	1	TUBINO	G. CASI	ING AND	CEMENTING RECO	RD			
HOLE SIZE	CA	SING &	TUBING	SIZE	DEPTH SE	T		SACKS CEN	VENT
V. TEST DATA AND REQU	TET EOD	ALLOV	VARIE						
OIL WELL Test must be aft	LEST FOR A	alai volum	v of load	- Loui and mus	ss be equal to or exceed top a	illowable	for inis depth or	be for full 24 his	ו צישונ
Date First New Oil Run To Tank	Date of Te				Producing Method (Flow	ритир во	ıs lift, etc.)		
Length of Test	Tubing Pr	es sure			Casing Pressure		Choke Si	26	
·							Cas- MC	·E	
Actual Prod. During Test	Oil - Bbis	,			Water - Bbis.		043- 1410	•	
GAS WELL	•							of Condensate	
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Condensate MMCF		Gravity	or Concentate	
		(S	C '21		Casing Pressure (Shut-in)		Choke S	ize	
Testing Method (puot, back pr)	Tubing Pi	ressure (Si	(מו-זוטח		Casing Flessure (Stick-in)				
					1				
VI. OPERATOR CERTIF						NSE	RVATIO	V DIVISI	ON
I hereby certify that the rules and in Division have been complied with	regulations of the	e Oil Con. ormation	servation given abo	ve	0,200			0 1 1991	
Division have been complied with is true and complete to the best of	my knowledge	and belief			Date Approv	vod	JUL	U 1 100	
	J	(ICHED BY		
()		\			ORIGI	MAL S	IGNED BY		
Signature					By MIKE	ىلىلىلى <u>لار.</u> دىكارى:	R, DISTRICT	H	
F. D. Schoch	Are	a Man	ager Tille		11	MAISO	14 5 5 7 7 7		
6/27/91	(915) 3	62-63			Title				
Date			Telephone	No.					_

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.