ubmit 5 Copies Appropriate District Office <u>VIS IRICT 1</u>		Er y, Minerals and Natural Resources Departments			
O BUR 1480, Hobbs, NM 88240 DISTRICT I O. Drawer DD, Ariena, NM 88210	P.O. Bo	OIL CONSERVATION DIVISION P.O. Box 2088		at Bottom of Page	
000 Rio Brizos Rd., Aziec, NM 87410	Santa Fe, New Me REQUEST FOR ALLOWAB		JUL 0 1 1	991	
	TO TRANSPORT OIL		O. C. D		
Denior RB Operating Company V	/		Well API MATESIA, OF	FICT	
Address	·		30-015-26294		
2412 N. Grandview, Su Reason(s) for Filing (Check proper box)	ite 201, Odessa, Texas	79761 Other (Please explain)			
New Well	Change in Transporter of: Oil & Dry Gas Casinghead Gas Condensate	Effective July	1, 1991		
nd address of previous operator					
I. DESCRIPTION OF WELL A Lease Name South Culebra Bluff	Well No. Pool Name, Includir	ng Formation (Delaware)	Kind of Lease State, Federal or Fee	Lease No.	
Location			L Feet From The	Wast line	
Unit Letter D	540 Feet From The	NorthLine and 61		WESL Dire	
Section 23 Township	23S Range 28E	, NMPM, Edd	У	County	
II. DESIGNATION OF TRANS Name of Authonzed Transporter of Oil	PORTER OF OIL AND NATU	RAL GAS Address (Give address to which a	pproved copy of this form i	s to be sent)	
Amoco Production Comp.		P.O. Box 591, Tuls Address (Give address to which a	a, OK 74102	s to be sent)	
Name of Authonized Transporter of Casing El Paso Natural Gas C			<u>1 Paso, Texas 79978</u>		
If well produces oil or liquids, pve location of tanks.	G 23 235 28E	is gas actually connected? Yes	When ? 5/9/90		
f this production is commingled with that fr V. COMPLETION DATA	om any other lease or pool, give commingli	ing order number:			
Designate Type of Completion -	(X)	New Well Workover D Total Depth	P.B.T.D.	e Resiv Diff Resiv	
Date Spudded	Date Compl. Ready to Prod.	•	r.b. 1.D.		
Elevauons (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
Pertoralions		· · · · · · · · · · · · · · · · · · ·	Depth Casing Sh	0e	
	TUBING, CASING AND	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SAC	SACKS CEMENT	
V. TEST DATA AND REQUES	T FOR ALLOWABLE	·			
OIL WELL (Test must be after re	covery of total volume of load oil and must	be equal to or exceed top allowab Producing Method (Flow, pump,	le for this depth or be for fi pas lift etc. i	ul 24 hours i	
Date First New Oil Run To Tank	Date of Test	Producing Method of Iow, period,		· -	
Length of Tes	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oil - Bbis.	Water - Bbis.	Gas- MCF		
GAS WELL	· · · · · · · · · · · · · · · · · · ·				
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Coud	ensale	
Testing Method (puor, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI. OPERATOR CERTIFIC I hereby cerufy that the rules and regula Division have been complied with and	ations of the Oil Conservation	OIL CONS	ERVATION DI JUL 0 1	VISION 1991	
is true and complete to the best of my	mowledge and belief.	Date Approved		•	
(X	ORIGIN	AL SIGNED BY	•	
Signature		By MIKE SUPER	WILLIAMS VISOR, DISTRICT I	•	
F. D. Schoch Proted Name	Area Manager Tide				
6/27/91 (Due	915) 362-6302 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.