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

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

State of New Mexico y, Minerals and Natural Resources Departme

RECEIVED

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

OIL CONSERVATION DIVISION

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

JAN - 8 1992

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST FOR ALLOWA
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1000 Rio Brazos Rd., Aztec, NM 8	7410 REQUEST	FOR ALLOWA	BLE AND AUTHOF	RIZATION	O. C. D.				
		TO TRANSPORT OIL AND NATURAL GAS				THE TAPEC			
Prime and the second se					30-015-26295				
RB Operating Co	Jupany				30-013-262	293			
	iew, Suite 201,	Odessa, Tex	as 79761						
Reason(s) for Filing (Check proper			Other (Please ex	plain)					
New Well	· •	in Transporter of:	Effective J	anuary 1.	1992				
Recompletion	Oil Casinghead Gas [∑ Dry Gas ☐ Condensate ☐	HIICCEIVC O	andary 1,	1772				
Change in Operator	Canagacao Cas (
and address of previous operator				· · · · · · · · · · · · · · · · · · ·					
II. DESCRIPTION OF WI						Lease No.			
South Culebra Blu		State			Federal or Fee				
Location	<u></u>	1 20 / 23.8 20							
Unit LetterC	: 678	Feet From The	North Line and	2170 Fe	et From The	West	Line		
Section 23 To	ownship 23S	Range 28E	, NMPM,	Eddy		· · · · · · · · · · · · · · · · · · ·	County		
III. DECICNATION OF T	TANCPORTED OF	OH AND NATI	TDAL CAS						
III. DESIGNATION OF T Name of Authorized Transporter of			Address (Give address to	which approved	copy of this form i	s to be sent,			
Pride Pipeline Con	لتتا		P.O. Box 2436	. Abilene	e. Texas 79604				
Name of Authorized Transporter of		or Dry Gas	Address (Give address to						
El Paso Natural G			P.O. Box 1492	•	•	9978			
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge 235 28F		l Mhen	<i>:</i> 5/17/9:	Λ			
If this production is commingled wi	th that from any other lease					· · · · · · · · · · · · · · · · · · ·			
IV. COMPLETION DATA		ell Gas Well	New Well Workover	Deepen	Plug Back Sam	a Pariu	Diff Res'v		
Designate Type of Compl	etion - (X) Oil W	eli i Carweli	New Mell MOIKOVEL	Deepen	Flug Back Sain	e Kes v	Jili Rest		
Date Spudded	Date Compl. Read	y to Prod.	Total Depth	\	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations						Depth Casing Shoe			
			CEMENTING RECO						
HOLE SIZE	CASING &	TUBING SIZE	DEPTH SE	<u> </u>	SACI	KS CEME	41		
		···	<u>i</u>		!		i		
V. TEST DATA AND RE	QUEST FOR ALLO	WABLE				.11.24 kasas	1		
	after recovery of total volu	me of load oil and mu	Producing Method (Flow,			ul 24 hours	'		
Date First New Oil Run To Tank	Date of Test		Troubeing Medica (From	, p=14, 8-2 1911 1	,				
Length of Test	Tubing Pressure		Casing Pressure		Choke Size				
Actual Prod. During Test	Oil - Bbis.	Oil - Bbls.		Water - Bbis.		Gas- MCF			
GAS WELL			_ <u></u>		<u>. i</u> .				
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Cond	ensale			
		Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size			
Testing Method (pitot, back pr.)	luoing Pressure (snut-m)	Casing Pleasure (Stut-III)	, 					
VI. OPERATOR CERT	TIFICATE OF COM	MPLIANCE	0".00	NICEDIA	ATION DI	VISIO	N i		
I hereby certify that the rules at	nd regulations of the Oil Co	nservation	OIL OC	ンスのドレム		¥1010	i ▼		
Division have been complied w is true and complete to the best	of my knowledge and belie	given above	D =1= 1==	ال من	AN 1 5 1992	,			
		1	Date Appro	vea	··· * 4 133 <u>7</u>	<u> </u>			
	1/1	1	Bu	COLOUNIAL	CIONED DV				
Signature	Da-41	Managar	By	<u>ORIGINAL</u> MIKE WILL	SIGNED BY				
F. D. Schoch Printed Name	kegional	. Manager Tide	Title		OR, DISTRICT	r (P			
12/27/91	(915) 362	2-6302	1106		. ,				
Date	(: - , 3 ,	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.