

Operator: RB Operating Company  
Well API No.: 30-015-26347  
Address: 2412 N. Grandview, Suite 201, Odessa, Texas 79761  
Reason(s) for Filing (Check proper box):  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☒ Dry Gas ☐ Effective March 1, 1992  
Change in Operator ☐ Casinghead Gas ☐ Condensate ☐  
Change of operator give name and address of previous operator

I. DESCRIPTION OF WELL AND LEASE  
Lease Name: South Culebra Bluff "14"  
Well No.: 1  
Pool Name, Including Formation: Loving Delaware, East  
Kind of Lease: State, Federal or Fee  
Lease No.: NM0542015  
Location: Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line  
Section 14 Township 23S Range 28E, NMPM, Eddy County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Pride Pipeline Company  
Address (Give address to which approved copy of this form is to be sent): P.O. Box 2436, Abilene, Texas 79604  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
El Paso Natural Gas Company  
Address (Give address to which approved copy of this form is to be sent): P.O. Box 1492, El Paso, Texas 79978  
If well produces oil or liquids, give location of tanks: Unit A Sec. 14 Twp. 23S Rge. 28E Is gas actually connected? Yes When? 8/21/90

V. COMPLETION DATA  
Designate Type of Completion - (X)  
Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v ☐ Diff Res'v ☐  
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: Tubing Depth:  
Perforations: Depth Casing Shoe:  
TUBING, CASING AND CEMENTING RECORD  
HOLE SIZE: CASING & TUBING SIZE: DEPTH SET: SACKS CEMENT:

VI. 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: Date of Test: Producing Method (Flow, pump, gas lift, etc.):  
Length of Test: Tubing Pressure: Casing Pressure: Choke Size:  
Actual Prod. During Test: Oil - Bbls.: Water - Bbls.: Gas - MCF:

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: F. D. Schoch  
Printed Name: F. D. Schoch  
Date: 2/25/92  
Regional Manager  
Title: Regional Manager  
(915) 362-6302  
Telephone No.

OIL CONSERVATION DIVISION  
FEB 27 1992  
Date Approved: FEB 27 1992  
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.