Submit 5 Copies Appropriate District Office <u>DISTRICT</u>	E	i y, N	linerals		ural Resourc	ent		Form C-104 Revised 1-1-89 See Instructions		
P.O. BUR 1980, Hubbs, NM 88240	C	DIL C	ONS		ATION E 03 2088	IVISIO	N	RECEIVED	at Bottom of Page	
P.O. Drawer DD, Arceaa, NM 88210 DISTRICT III		Sa	inta Fe,	-	exico 8750	4-2088		JUL 0 1 1	991	
1000 Rio Brazos Rd., Aztec, NM 87410					BLE AND					
I. Openstor		OTRA	ANSPC	DRTOI	AND NA	URAL GA		ARTESIA, OFF		
RB Operating Company	<u> </u>				<u></u>		3	80-015-26348		
Address 2412 N. Grandview, S	uite 201	, 0de	ssa,	Texas	79761					
Reason(s) for Filing (Check proper box)		()	Tasaa	tar ali	Othe	s (Please expl	ain)			
New Well	Oil	Change in	Dry Ga		Effe	ctive Ju	1y 1	1991		
Change in Operator	Casinghead	Gus 🗌	Condea	nte						
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL			1						·····	
South Culebra Bluf	f 23	Well No. 7			ing Formation (Delawa	re)	1	(ind of Lease Sate, Federal or Fee	Lease No.	
Location	l.	. <u></u>		<u></u>	(Derawa		1_		J	
Unit LetterJ	_ :17	50	Feet Fro	m The	East Line	and	1950	Feet From The	South Line	
Section 23 Townshi	p23S		Range	28E	, NN	1PM,	Eddy		County	
	CDODTEL		17 A NO							
III. DESIGNATION OF TRAN Name of Authonized Transporter of Oil		or Conden				address to wi	hich app	oved copy of this form	n is to be sent)	
Amoco Production Com	pany				P.O. Bo	x 591, T	ulsa,	<u>0K 74102</u>		
Name of Authonized Transporter of Casin El Paso Natural Gas			or Dry (Gas 🦳				rowed copy of this form		
If well produces oil or liquids,	Unit !		Тмр.	-	Is gas actually			When ?		
give location of tanks. If this production is commingled with that		23	235	28E	ling order numb	Yes		6/8/9	0	
IV. COMPLETION DATA	nom any one.	I ICAISE OF	poor, gru	e commung	nug order name	a				
Designate Type of Completion		Oil Well	G	as Well	New Well	Workover	Deep	en Plug Back Sa	ume Res'v Diff Res'v	
Date Spudded	Date Compl	Ready 10	D Prod		Total Depth		1	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay Tubing Depth			•	
Perforations					- -				Depth Casing Shoe	
		BING	CASIN	G AND	CEMENTP	G RECOR	D			
HOLE SIZE		TUBING, CASING AND C CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT	
	ST FOR A									
V. TEST DATA AND REQUE OIL WELL (Test must be after				il and mus	t be equal to or	exceed top all	owabie f	or this depth or be for	full 24 hours (
Date First New Oil Run To Tank	Date of Test					thod (Flow, pi				
Length of Test	Tubing Pres	Tubing Pressure				Casing Pressure			Choke Size	
		- B.								
Actual Prod. During Test	Oil - Bbls.				Water - Bbls			Gas- MCF		
GAS WELL					<u> </u>					
Actual Prod. Test - MCF/D	Length of T	Length of Test				Bbls. Condensate/MMCF			densale	
Tesung Method (puor, back pr.)	Tubing Pres	sure (Shu	1-10)	·····	Casing Press	ine (Schut-in)		Choke Size		
round menter puer, ouch pro-			_,					·		
VI. OPERATOR CERTIFIC				CE					IVISION	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						OIL CONSERVATION DIVISION JUL 0 1 1991				
is true and complete to the best of my					Date	Approve	ed	JUL		
$\sum \Lambda$	X									
Signature						ByORIGINAL SIGNED BY				
F. D. Schoch	Area Manager Tide				Title	MIKE WILLIAMS SUPERVISOR, DISTRICT I				
6/27/91	(915) 36		2					······································		
Date	<u></u>	Iei	ephone N	U.						

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.