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 argy, Minerals and Natural Resources Departi

Form C-104 Revised 1-1-89 See Instructions

OIL CONSERVATION DIVISION

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

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REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Departing Charge Company Substitution Change Pool Name Change Transporter of Change Chang	Lease No. East L County m is to be sent) 79604 m is to be sent)
RB Operating Company RB Operating Company	Lease No. East L County m is to be sent) 79604 m is to be sent)
601 N. Marienfeld, Suite 102, Midland, Texas 79701 Charge (Check proper box)	Lease No. East L County m is to be sent) 79604 m is to be sent)
Asson (a) for Filing (Check proper box) Well Change in Transporter of: Completion Oil Dry Gas Effective July 1, 1993 Auage in Operator Casinghead Gas Condensate Edders of previous operator DESCRIPTION OF WELL AND LEASE Base Name Well Sates Name Carrasco 14 Sation Usus Letter H : 1980 Feet From The North Line and 560 Feet From The Section 14 Township 23S Range 28E NMPM, Eddy I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS ame of Authorized Transporter of Oil X or Condensate Producing Formation The Company Same of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form Producing Formation Production is commingled with that from any other lease or pool, give commingling order number: Well Sociolog Type of Completion - (X) Oil Well Gas Well New Well Workover Deepes Plug Back 15 Deepth Casing TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET S.	Lease No. East L County m is to be sent) 79604 m is to be sent)
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IL 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	or 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 C	ondensate
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size	
VI OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION I	0010.00
I nereby certify that the rules and regulations of the Oil Conservation	HIMSION
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	DIVISION
is true and complete to the best of my knowledge and belief. Date Approved JUL 2 J	
ByBy	
Nomanity / Solotion : I / Solotion Sile in City City	
Princed Name Title MIKE WILLIAMS OF TRICE	1993
7/12/93 (915) 682-0095 Title SUPERVISOR DISTRICT	1993
Date Telephone No.	1993

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.