Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Bux 1980, Hubbs, NM 88240

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

Energy, Minerals and Natural Resources Department

Purm Crawa Revised 1-1-89 RECEIVED See Instructions at Bottom of Page

JUL 0 1 1991

OIL CONSERVATION DIVISION

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

000 Rio Brizos Rd., Aziec, NM 87410	REQUEST FOR	R ALLOWAR	LE AND A	AUTHORIZ	ZATIONAR	O. C. D.			
		SPORT OIL			NS	·			
pentor					Well API No.				
RB Operating Company 🗸				30-015-26368					
Address	uito 201 Odogo	Towns	70761						
2412 N. Grandview, S (cason(s) for Filing (Check proper box)	uite 201, Odess	sa, lexas	79761 Oth	a (Please expla	iùi)				
lew Well	Change in Ti	ransporter of:	(•	·				
tecompletion	ou 🗓 D	ny Gas 🔲	Effe	ctive Ju	ly 1, 19	91			
hange in Operator	Casinghead Gas 🔲 C	ondensate 🗌							
change of operator give name ad address of previous operator									
· ·	ANDIFACE								
I. DESCRIPTION OF WELL Lease Name		ng Formation Kind			nd of Lease No.				
South Culebra Bluff		(Delaware) State			Federal or Fed				
ocation	-3								
Unit Letter H	: <u>2140</u> F	eet From The	North Lin	and40	0F	et From The	East	Line	
Section 23 Townsh	ip 23S R	lange 28E	, N	MPM,	Eddy			County	
II. DESIGNATION OF TRAN	SCDODTED OF OIL	AND NATHI	RAI CAS						
Name of Authorized Transporter of Oil	or Condensa		Address (Giv	e address 10 wi	uch approved	copy of this f	orm is to be se	ni)	
Amoco Production Com			P.O. Bo	x 591. T	ulsa. Ok	74102			
Name of Authorized Transporter of Casa	P.O. Box 591, Tulsa, OK 74102 Address (Give address to which approved copy of this form is to be sent)								
El Paso Natural Gas Company			P.O. Box 1492, El Paso, Texas 79978						
f well produces oil or liquids,	' ' '		le gas actuall	y connected?	When		0.0		
ve location of tanks.		23S 28E	1	Yes		7/18/	90		
this production is commingled with that V. COMPLETION DATA	from any other lease or po	iol, give comming!	ing order num	Der					
V. COMPLETION DATA	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion							İ	<u> </u>	
Date Speedded	Date Compl. Ready to F	rod	Total Depth			P.B.T.D.			
			1	K		<u> </u>			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing For	Top Oil/Gas Pay			Tubing Depth				
Perforations	· · · · · · · · · · · · · · · · · · ·				Depth Casing Shoe				
	TUBING, C	ASING AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUE		DEPTH SET		SACKS CEMENT				
			<u> </u>						
			•						
						•——			
. TEST DATA AND REQUE	ST FOR ALLOWA	BL.E.				-			
OIL WELL Test must be after	recovery of total volume of	fload oil and must	be equal to or	exceed top all	omable for the	s depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tex		Producing M	ethod (Flow, p	ump, gas lýt. i	etc.,			
						Choke Size			
Length of Test	Tubing Pressure		Casing Pressure			Choke 3126			
	O I Bhi		Water - Bbis			Gas- MCF			
Actual Prod. During Test	Oil - Bbis.			•					
G + C NITCL I									
GAS WELL Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF			Gravity of Condensate				
WEIGHT LIGHT FOR - MICELIA	Longer or 1 on								
Tesung Method (puot, back pr.)	Tubing Pressure (Shut-	n)	Casing Press	ure (Shut-in)		Choke Size			
	1								
VI. OPERATOR CERTIFI	CATE OF COMPI	LIANCE		011 001	JOED!	ATION	DIVICIO)NI	
I hereby certify that the rules and reg	ulations of the Oil Conserv	ation		OIL COI	12FKA	AHON	NOIAIO	אוע	
Division have been complied with an	d that the information give	n above				JUL 0	1 9 91		
is true and complete to the best of m	y knowledge and belief.		Date	e Approve	ed	-			
	X								

Signature F. D. Schoch

Date

Area Manager Printed Name (915) 362-6302 6/27/91

Telephone No.

ORIGINAL SIGNED BY By_

MIKE WILLIAMS SUFERVISOR, DISTRICT IT

Title.

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.