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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

RECEIVED

OCT 29 '90

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

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REQUEST FOR ALLOWABLE AND AUTHORIZATION O. C. D.
TO TRANSPORT OIL AND NATURAL GAS ARTESIA, OFFICE

Operator RB Operating Company ✓		Well API No. 30-015-26472
Address 2412 N. Grandview, Suite 201, Odessa, Texas 79761		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Onsurez	Well No. 2	Pool Name, Including Formation E. Loving (Delaware)	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West Line Section 11 Township 23S Range 28E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183 Houston, Tx. 77001					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492 El Paso, Tx. 79978					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 11	Twp. 23S	Rge. 28E	Is gas actually connected? Yes	When? 10/23/90

If this production is commingled with that from any other lease or pool, give commingling order number.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 9/17/90	Date Compl. Ready to Prod. 10/13/90		Total Depth 6300'		P.B.T.D. 6278'			
Elevations (DF, RKB, RT, GR, etc.) 2989 GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 6126'		Tubing Depth 6030'			
Perforations 6126-36, 6142-48, 6154-56, 6162-66, 6172-76, 6178-82.					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4	8-5/8		548		350 Post ID-2			
7-7/8	5-1/2		6300		1450 10-26-90 comp + BK			

V. 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 10/11/90	Date of Test 10/13/90	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hr.	Tubing Pressure 450	Casing Pressure 0	Choke Size 18/64
Actual Prod. During Test	Oil - Bbls. 223	Water - Bbls. 125	Gas - MCF 340

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
James L. Shatzsall, Sr. Prod. Engr.
Printed Name
10/24/90 (915) 362-6302
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 30 1990

By ORIGINAL SIGNED 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.