ibmit 5 Copies propriate District Office <u>ISTRICT 1</u> O. Bux 1980, Hobbs, NM 88240 <u>ISTRICT II</u> O. Drawer DD, Artesia, NM 88210 <u>ISTRICT III</u> 000 Rio Brazos Rd., Aziec, NM 87410	Er. J., Minerals and Nat OIL CONSERVA P.O. B Santa Fe, New M REQUEST FOR ALLOWA	ATION DIVISION lox 2088 lexico 87504-2088	RECEIVED See II See II AUG 0 5 1991 O. C. D.	C-104 ed I-1-89 hstructions ttom of Page
Derator RB Operating Company			30-015-26494	
ddress				
teason(s) for Filing (Check proper box) lew Well tecompletion hange in Operator change of operator give name	uite 201, Odessa, Texas Change in Transporter of: Oil Dry Gas Casinghead Gas Condennate	79761 Duber (Please explain) Effective July	1, 1991	
d address of previous operator				
I. DESCRIPTION OF WELL Lease Name	Well No. Pool Name, Inclu	-	Kind of Lease State, Federal or Fee NM	Lease No. 32636
Amoco "11" Federal	6 Loving D	elaware, East	NALL I LEAD I I I I I I I I I I I I I I I I I I I	32030
.ocation Unit LetterB	. 860 Feet From The	North Line and 1651	Feet From TheEa	stLine
Section 11 Towns	226 - 2	8E , NMPM, Edo	ly	County
	NSPORTER OF OIL AND NAT	URAL GAS		
lame of Authorized Transporter of Oil	X or Condensate	Address (Give address to which a	Tulsa, OK 74170-2	
Amoco Pipeline Inter Name of Authonzed Transporter of Cas			approved copy of this form is to b	
El Paso Natural Gas	Company		Paso, Texas 7997	8
f well produces oil or liquids, ve location of tanks.		e. is gas actually connected? Yes	When ? 11/5/90	
	H 11 23S 28E at from any other lease or pool, give commut	ngling order number:		
Designate Type of Completic	Oni Well Gas Well	New Well Workover I	Deepen Plug Back Same Re	s'v Diff Resiv
Designate Type of Complete	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	k
•		Top Oil/Gas Pay	Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.)	DF. RKB. RT. GR. etc.) Name of Producing Formation 100 Oil/Gas Pay			
Perforations			Depth Casing Shoe	
	TUDDIC CASING AN	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS	EMENT
	-			
		······································		
V. TEST DATA AND REQU	EST FOR ALLOWABLE er recovery of local volume of load oil and m	we he equal to an exceed tan allown	ble for this depth or be for full 24	(hours.)
DIL WELL (Test must be aft Date First New Oil Run To Tank	er recovery of total volume of load ou and m Date of Test	Producing Method (Flow, pump	gas lýt, eic.)	
			Choke Size	
Length of Test	Tubing Pressure	Casing Pressure		
Actual Prod. During Test	Oıl - Bbis.	Water - Bbis	Gas- MCF	
GAS WELL				
Actual Prod. Test - MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensa	LE .
Testing Method (puor, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-10)	Choke Size	
I hereby certify that the rules and t	TCATE OF COMPLIANCE	OIL CONS	SERVATION DIVI	SION
Division have been complied with	and that the information given above		AUG 0 5 1991	
is true and complete to the best of	my anowieque and belief.	I) Date Approved	MUG V V	· · · · · · · · · · · · · · · · · · ·
$(.> \land I$		11		
EAL	\mathcal{A}	1)	L SIGNED BY	

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

8/1/91 Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

SUPERVISOR, DISTRICT IN

2) All sections of this form must be filled out for allowable on new and recompleted wells.

(915) 362-6302 Telephone No.

Title

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.