ubmit 5 Copies
Appropriate District Office
DISTRICT 1
O. Box 1980, Hobbs, NM 88240 PISTRICT II O. Drawer DD, Artena, NM 88210

I FIL - MCF/D

FIGH THICK OF

Length of Test

Tubing Pressure (Shut-in)

State of New Mexico gy, Minerals and Natural Resources Department

Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

SECTIVED

ow Rio Bizza Rd., Aziec, NM 8/410	REQUEST FOR ALL	OWA	BLE AND AUTHO	RIZAT	ION					
Operator	IO TRANSPO	RT OIL	AND NATURAL	GAS	,	grand Stores				
*					Well API No.					
RB Operating Company	30-015-26512									
Address							<u></u>			
2412 N. Grandview, Su	uite 201, Odessa, Te	exas	79761							
Reason(s) for Filing (Check proper box)			Other (Please	explain)						
New Well X	Change in Transport	er of:								
Recompletion	Oil Dry Gas									
Change in Operator	Casinghead Gas Condensa	ite 🗌								
f change of operator give name nd address of previous operator							· · · · · ·			
I. DESCRIPTION OF WELL	AND LEASE									
Lease Name	Well No. Pool Name, Including Formation					Kind of Lease Lease No.				
Amoco "11" Federal	7 E. I	Loving	(Delaware)			Federal or Fee	NM326			
ocation							1111320			
Unit Letter P Section 11 Townshi	222	28E	ast Line and	860 Eddy	Fe	et From The	South	Line		
II. DESIGNATION OF TRAN	SPORTED OF OU AND	NIA TOTAL						County		
I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS ame of Authorized Transporter of Oil Or Condensate Address (Give address to which approved convertible Condensate)										
e_Permian_Corporation			Address (Give address to which approved copy of this form is to be sent)							
f And the term of			P.O. Box 1183 Houston, Texas 77001							
			Address (Give address to which approved copy of this form is to be sent)							
	Natural Gas Company				P.O. Box 1492 El Paso, Texas 79978					
on or inquias, Unit Sec. Twp. Rge. Is gas actually connected?					When?					
	<u>I 11 238 </u>	28E	Yes	i	1 1	1/29/90				
commingled with that the comming of	from any other lease or pool, give o	commingli	ing order number:			7-2120				
	Oil Well Gas	Well	New Well Workove							
ate Type of Completion	- (X) X X	W CII		r D∝	pen	Plug Back Sa	me Res'v	Diff Res'v		
udded	Date Compl. Ready to Prod.		X Total Depth			ĻL		<u> </u>		
, 27/90		•			P.B.T.D. Part = U-2					
evations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	6300			6285 /- 4-1/					
1996 KB	1	Top Oil/Gas Pay			Tubing Depth -CAMB + BK					
eriorations	Delaware	6117			5966					
						Depth Casing Shoe				
6117-6128						6300				
	TUBING, CASING	AND	CEMENTING RECO	ORD		0300				
HOLE SIZE	CASING & TUBING SIZ	DEPTH SET			SACKS CEMENT					
<u> </u>	8-5/8		585			350				
/ 1/8	5-1/2		6300							
						Shoe 700 sx				
	2-7/8		5966			DV 950 sx				
FST DATA AND REQUES	T FOR ALLOWARIE		סספכ			L				
Test must be after re	covery of total volume of load oil	and must b	be equal to or exceed top	allowable j	or this	depth or be for	full 24 hour)		
Wew Oil Kun To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)								
- ¹ /26/90	11/28/90	Flowing								
Apply of Tex	Tubing Pressure	Casing Pressure			Choke Size					
= .20 hrs.	650		0							
Fred During Test	Oil - Bbls.	Water - Bbis.			18/64 Gas- MCF					
L	344	1								
WELL	J44	l	94 Load wate	er		305	-			

Bbls. Condensate/MMCF

Casing Pressure Shut-in)

Gravity of Condensate

Chake Size