				~		
na S. Coynes roophale: District Office NRCT	Energy, N	• • • •	ew Mexico ural Resources Departm	ent RECEIVE	See insu uctions [.]	
) Berk 1980, Hobbe, NM - 88240 5]RICT II	OILC		ATION DIVISIO	N APR - 4	APR = 4 1991 GT	
Drawer DD, Artesia, NM 88210	Sa		exico 87504-2088	0, C, (s. Qu	
TRICT III W RIO Brazos Rd., Aztec, NM 87410				ARTESIA, C		
			BLE AND AUTHORI AND NATURAL G			
crator	10 114			Well API No.		
RB Operating Compa	.ny			30-015-26527		
dress 2412 N. Grandview,	Suite 201, 0	dessa, Texas	s 79761			
ason(s) for Filing (Check proper box)		-	Other (Please expl	ain)		
w Well X	Oil Change in	Dry Cas				
ange in Operator	Casinghead Gas	Condensate				
hange of operator give name address of previous operator						
DESCRIPTION OF WELL	AND LEASE					
ase Name	Well No.	Pool Name, Includ		Kind of Lease State, Federal or Fee	Lease No.	
Amoco "11" Federal	1387	E. Loving	(Delaware)		NM32636	
Unit LetterG	<u>- 1378</u> -	_ Feet From The	East Line and 197	Feet From The	North Line	
Section 11 Towns	hip 23S	Range 28E	, NMPM,	Eddy	County	
DESIGNATION OF TRA	NSPORTER OF C			hich approved copy of this for	rm is to be sent;	
The Permian Corporati	lon		* ··· ··· ··· ··· ··· ···		77001	
ime of Awhonzed Transporter of Casi El Paso Natural Gas (or Dry Gas 🦳		hich approved copy of this for El Paso, Texas	1	
well produces oil or liquids,				When?	When?	
e location of tanks.	<u>H</u> <u>11</u>	23S 28E	Yes	4/2/91		
his production is commingled with the COMPLETION DATA						
Designate Type of Completio		1	New Well Workover	Deepen Plug Back	Same Resiv Diff Resiv	
ale Spudded 3/6/91	Date Compl. Ready $4/-1-6$		Total Depth 6500 MD	P.B.T.D.		
evauons 'DF, RKB, RT, GR, etc.)	Name of Producing I		Top Oil Gas Pay	op Oil Gas Pay Tubing Depth		
3013.5 KB	Delaware		6291 MD	6291 MD Depth Casing Shoe		
6291-633	30			Defei com		
	TUBING		CEMENTING RECOR			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SE 575	· · · · · · · · · · · · · · · · · · ·	SACKS CEMENT 350 sx Port ID-2	
12-1/4	5-1/2		6500		50 sx 4-12-91	
			·		comp & BK	
. TEST DATA AND REQU						
IL WELL (Test must be afte ale First New Oil Run To Tank	r recovery of total volum Date of Test	e of load oil and muc	si be equal to or exceed top al Producing Method (Flow, p	llowable for this depth or be fi owno, gas lift, etc.)	or juli 24 hows)	
4/1/91	4/2/91		Flow			
ength of Test	Tubing Pressure		Casing Pressure	Choke Size		
24 hrs. ctual Prod. During Test	150 		O Water - Bbls.	<u>24/6</u> Gas- MCF	24/64 Gas- MCF	
	151		51 Load	265		
TAS WELL						
ctual Prod. Test - MCF/D	Length of Test		Bbls. Condensate MMCF	Gravity of C	Gravity of Condepsate	
esting Method (puor, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)	ressure (Shut-in) Choke Size		
I. OPERATOR CERTIF				NSERVATION		
I hereby certify that the rules and regulations of the Oll Conservation Division have been complied with and that the information given above is true and-complete to the best of my knowledge and belief.			APR 1 0 1991			
	., morriege and benet.	11	Date Approv	ed		
Kiment Shaksal			By O	By ORIGINAL SIGNED BY		
Signature James L. Shatzsall, Sr. Prod. Engr.			MIKE WILLIAMS			
Printed Name Title			Title	UPERVISOR, DISTRIC	· I IT	
<u>4/2/91</u> (Date	915) 362-6302 T	elephone No.	-	اليون من المراجع المراجع معهم اليونية. اليون من المراجع المراجع اليون من المراجع اليونية اليونية اليونية اليونية اليونية اليونية اليونية اليونية اليون	and the second se	
		2 		an an than an the second second		

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