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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hubbs, NM 88240

State of New Mexico Ei y, Minerals and Natural Resources Departmer

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

## OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 AUG 0 5 1991 O. C. D.

DISTRICT III		
1000 Rio Brazos	Rd. Azlac. NM	87410

DISTRICT II P.O. Drawer DD, Artenia, NM \$8210

REQUEST FOR ALLOWABLE AND AUTHORIZATION ARTESIA, OFFICE TO TRANSPORT OIL AND NATURAL GAS

perator							Well	751 MO'		
RB Operating Company								30-015-26	527	
dress					<del>,</del>					
2412 N. Grandview, Su	ite 201	, Odes	sa, Te	exas :	79761					
eason(s) for Filing (Check proper box)					Othe	r (Please expla	iin)			
ew Well			Transport		T.F.F.	ootimo T	1 1	1001		
ecompletion	Oil	<u>K</u>	Dry Gas		E110	ective J	uly 1,	1 7 7 1		
hange in Operator	Casinghea	d Gas	Condens	216						
change of operator give name										
d address of previous operator										
DESCRIPTION OF WELL	AND LE	ASE	TD. 131	- la aludia	a Formation		Kind	of Lease	T 14	ase No.
ease Name	Well No. Pool Name, Includi			laware, East			State, Federal or Fee NM32636			
Amoco "11" Federal		5	] LOV	ing be.	laware,	<u> Last</u>			1 11132	030
ocation	. 13	9.7		_ F	ast .	. 1	977 E	et From The	North	Line
Unit LetterG	-::	07	_ Feet Fro	m The	Line	and	r	set rrom The		
Section 11 Township	239	5	Range	28	E .NN	ΛPM,	Eddy			County
Section 11 Townshi	<u> </u>		KELLE		<u></u>					
II. DESIGNATION OF TRAN	SPORTE	ER OF O	IL ANI	NATUI	RAL GAS					
lame of Authorized Transporter of Oil	רצו	or Conde	n sale		Address (Gin	e address 10 w	hich approved	l copy of this form	n is so be se	ent)
Amoco Pipeline Interc		te Truc	king					<u>, OK 741</u>		
Name of Authorized Transporter of Casin	ghead Gas	X	or Dry (	Gas 🚃	1			l copy of this for		int)
El Paso Natural Gas C	ompany		-,					, Texas	<u> 79978                                  </u>	
If well produces oil or liquids,	Unit	Sec.	Twp	Rge	ł		When			
ive location of tanks.	H	11	<u>  235</u>	28E	Ye:			4/2/91		
this production is commingled with that	from any ot	her lease of	r pool, gave	e community	ing order aumi	er				
V. COMPLETION DATA		Oil We	<u>, , , , , , , , , , , , , , , , , , , </u>	as Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v
Designate Type of Completion	- (X)	1	.   0	<b>ALS</b>	1			i i		İ
Date Spudded		npl. Ready	to Prod.		Total Depth	·	<u> </u>	P.B.T.D.		
Jan Spacial						_				
Elevations (DF, RKB, RT, GR, etc.)	Name of	Producing !	Formation		Top Oil/Gas	Pay		Tubing Depth		
					!			D 11 C 12	<u> </u>	
Perforations								Depth Casing	SHOE	
					CT (E) TI	NC DECO	<u> </u>	<u> </u>		
					CEMENTI			9.1	ACKS CEN	MENT
HOLE SIZE	C,	ASING & T	TUBING S	SIZE	•	DEPTH SE	<u> </u>		10/10/02/1	
					•					
					<del></del>	<del>-</del>				
V. TEST DATA AND REQUE	ST FOR	ALLOV	VABLE							
OIL WELL Test must be after	recovery of	total volum	e of load	oil and mus	i be equal to o	exceed top a	llowable for 1	his depth or be fo	r full 24 ho	urs.)
Date First New Oil Run To Tank	Date of 1				Producing M	lethod (Flow,	pump, gas lýt	, elc.)		
	1				1			Choke Size		
Length of Test	Tubing F	es anue			Casing Press	şırış		Choke Size		
					DV. DVI			Gas- MCF		<del></del> _
Actual Prod. During Test	Oil Bbl	is.			Water - Bbli	•				
	<del> </del>									
GAS WELL		<del></del>				10 tot		Gravity of C	ondensate	
Actual Prod. Test - MCF/D	Length (	of Test			Bbis. Conde	nate/MMCF		GIZVILY OF C	,	
	· 	Maria - 100	Sile Jan		Cacino Dome	sure (Shut-in)		Choke Size		
Testing Method (puot, back pr.)	i norag	Pressure (S)	11 (M-111)		Casing 110s			1		
VI. OPERATOR CERTIFIC	CATE	DE COM	ADT TAN	NCE	1					
I hereby certify that the rules and reg	ulations of t	he Oil Con	servation	102		OIL CC		VATION		ON
Division have been complied with	d deat the in	gomenos (	give <b>n ab</b> ov	e			ا <b>ھ</b> .	18 8 5 19S	11	
is true and complete to the best of pri	knowledge	and belief	•		Dat	e Approv				
		$\lambda$								
					By	OR	IGINAL S	IGNED BY	791	
Signature		`\			J by	MII	KE 129.1.17	MS		
F. D. Schoch Printed Name	Area	Manag	er Title		T.11	SU	PERMISO	R. DISTRICT	iP.	
8/1/91	(915	362-	•		Titl	▽				
Date		1	[elephone	No.						

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.