State of New Mexico Form C-104 Submit 5 Copies Appropriate District Office DISTRICT J En _, y, Minerals and Natural Resources Departmer Revised 1.1.89 e Instruct RECEIVED at Bottom of Page P.O. Box 1980, Hobbs, NM 88240 **OIL CONSERVATION DIVISION** DISTRICT II P.O. Drawer DD, Anenia, NM 88210 P.O. Box 2088 AUG 0 5 1991 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 O. C. D. REQUEST FOR ALLOWABLE AND AUTHORIZATION ARTESIA, OFFICE TO TRANSPORT OIL AND NATURAL GAS I. Well API No. Operator 30-015-26528 RB Operating Company Address 2412 N. Grandview, Suite 201, Odessa, Texas 79761 Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of New Wall Effective July 1, 1991 Dry Gas Recompletion Oil Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease No. Kind of Lease Well No. Pool Name, Including Formation Lease Name State, Federal or Fee 1 Loving Delaware, East Reid Location ____ Feet From The <u>South</u> Line and <u>1980</u> Feet From The ____ 880 East Line 0 Unit Letter 23S 28E , NMPM, Eddy County 14 Township Range Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate X ſ Amoco Pipeline Intercorporate Trucking P.O. Box 702068, Tulsa, OK 74170-2068 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas X or Dry Gas P.O. Box 1492, E1 Paso, El Paso Natural Gas Company <u>Texas 79978</u> If well produces oil or liquids, give location of tanks. Twp. Is gas actually connected? When ? Unit Sec. Rge. 235 1/3/91 28E Yes 14 0 If this production is commingled with that from any other lesse or pool, give commingling order number. **IV. COMPLETION DATA** Plug Back Same Res'v Diff Res'v Oil Well Gas Well New Well Workover Deepen Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Tubing Depth Elevations (DF. RKB, RT, GR, etc.) Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE 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) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Gas- MCF Water - Bbis Actual Prod. During Test Oil - Bbis. GAS WELL Gravity of Condensate Bbis. Condensate/MMCF Length of Test Actual Prod. Test - MCF/D Choke Size Casing Pressure (Shut-in) Testing Method (puor, back pr.) Tubing Pressure (Shut-in) **VI. OPERATOR CERTIFICATE OF COMPLIANCE** OIL CONSERVATION DIVISION AUG 0 5 1991 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. Date Approved **ORIGINAL SIGNED BY** MIKE WILLIAMS By. Signature SUPERVISOR, DISTRICT

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

<u>(915)</u>

<u>Area Manager</u>

362-

D.

Printed Name

8/1/91

Date

Schoch

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_

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

Title

Telephone No.

6302

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.

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