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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

APR 17 1991

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator RB Operating Company		Well API No. 30-015-26534
Address 2412 N. Grandview, Suite 201, Odessa, Tx. 79761		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name South Culebra Bluff 13 Fed.	Well No. 13-4	Pool Name, including Formation E. Loving (Delaware)	Kind of Lease State, Federal or Fee	Lease No. NM0542015
Location Unit Letter D : 664 Feet From The North Line and 662 Feet From The West Line Section 13 Township 23S Range 28E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183 Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492 El Paso, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 13	Twp. 23S	Rge. 28E	Is gas actually connected? Yes	When? 3/17/91

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res v	Diff Res v
Date Spudded 2/22/91	Date Compl. Ready to Prod. 3/17/91		Total Depth 6400		P.B.T.D. 6389			
Elevations (DF, RKB, RT, GR, etc.) 2993.5 KB	Name of Producing Formation Delaware		Top Oil/Gas Pay 6150		Tubing Depth 6342			
Perforations 6150 - 6170						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12-1/4 7-7/8	CASING & TUBING SIZE 8-5/8 5-1/2		DEPTH SET 585 6400		SACKS CEMENT 350 sx 500 sx 1st Stage 800 sx thru DV @3500'			
		2 7/8		6342				

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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.)

Date First New Oil Run To Tank 3/15/91	Date of Test 4/14/91	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure 0	Casing Pressure 0	Choke Size
Actual Prod. During Test	Oil - Bbls. 33	Water - Bbls. 60	Gas - MCF 91

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate-MMCF	Gravity of Condensate
Testing Method (puot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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.

Signature
James L. Shatzsall, Sr. Prod. Engr.
Printed Name
4/16/91 (915) 362-6302
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 22 1991

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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) Submit Form C-104 must be filed for any well in multiple completed wells.