

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator RB Operating Company ✓		Well API No.
Address 2412 N. Grandview, Suite 201, Odessa, Texas 79761		
Reason(s) for Filing (Check proper box) RECEIVED 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"/>
DEC 26 '90		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Amoco "11" Federal	Well No. 2	Pool Name, Including Formation E. Loving (Delaware)	Kind of Lease State, Federal or Fee	Lease No. NM32636
Location Unit Letter 0 : 1330 Feet From The East Line and 990 Feet From The South Line Section 11 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"/>	Address (Give address to which approved copy of this form is to be sent)					
The Permian Corporation	P.O. Box 1183 Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	P.O. Box 1492 El Paso, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 11	Twp. 23S	Rge. 28E	Is gas actually connected? Yes	When? 12/21/90
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 11/19/90	Date Compl. Ready to Prod. 12/14/90		Total Depth 6350		P.B.T.D. 6335			
Elevations (DF, RKB, RT, GR, etc.) 2997 KB	Name of Producing Formation Delaware		Top Oil/Gas Pay 6192		Tubing Depth 6143			
Perforations 6192-6212					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	8-5/8	587	350
7 -7/8	5-1/2	6350	Shoe 600
			DV 1100

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 12/14/90	Date of Test 12/19/90	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 8 hrs.	Tubing Pressure 350	Casing Pressure 0	Choke Size 42/64
Actual Prod. During Test	Oil - Bbls. 379	Water - Bbls. 41 Load	Gas - MCF 319

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, Prod. Engr.
Printed Name
Date 12/21/90 (915) 362-6302 Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 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.