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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

RECEIVED

FEB 21 1991

O. C. D.
ARTESIA, OFFICE

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator RB Operating Company		Well API No.
Address 2412 N. Grandview, Suite 201, Odessa, Texas 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 Reid	Well No. 2	Pool Name, Including Formation E. Loving (Delaware)	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter P	888	Feet From The South	Line and 925	Feet From The East
Section 14	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 0	Sec. 14	Twp. 23S	Rge. 28E	Is gas actually connected? Yes	When? 2/17/91
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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 1/24/91	Date Compl. Ready to Prod. 2/17/91		Total Depth 6300		P.B.T.D. 6290			
Elevations (DF, RKB, RT, GR, etc.) 2993.6 KB	Name of Producing Formation Delaware		Top Oil/Gas Pay 6144		Tubing Depth 6044			
Perforations 6144-54, 6184-88, 6260-68					Depth Casing Shoe 6300			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	8-5/8	509	310 sx circ to surface
7-7/8	5-1/2	6300	1st. stage 550 sx
			D.V. 1150 sx.

V. TEST DATA AND REQUEST FOR ALLOWABLE

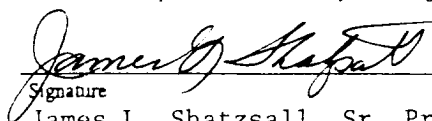
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)			
Date First New Oil Run To Tank 2/13/91	Date of Test 2/17/91	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 825	Casing Pressure 0	Choke Size 12/64
Actual Prod. During Test	Oil - Bbls. 257	Water - Bbls. 35	Gas - MCF 324

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
2/18/91 (915) 362-6302
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 16 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.