ibmit 5 Copies
ppropriate District Office
ISTRICT I
O. Box 1980, Hobbs, NM 88240

State of New Mexico F' rgy, Minerals and Natural Resources Departn

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

ISTRICT II O. Drawer DD, Artesia, NM 88210

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

OIL CONSERVATION DIVISION

ISTRICT III

KU Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL CAS

perator	· · · · · · · · · · · · · · · · · · ·	IO INA	NINOI	- Or	11 OIL	ANU NA	TURAL	GAS		7 at a 1 a 				
Rhombus Energy Co.										API No.				
ddress											30 -025-00068			
200 N. Loraine, Ste.	1270 M	lidland	XT E	7	9701									
eason(s) for Filing (Check proper box)						Oth	ner (Please	explain)						
ew Well		Change in		•	of:									
ecompletion [Oil		Dry (Gas	\Box	_	_	_		_				
hange in Operator	Casinghead	Gas 📗	Cond	lensau		Texa	CO 8	40	1 \$ F	red.	Inc			
change of operator give name d address of previous operator Dake	ta Reso	urces	In	c.	310-W	. Wall !	ste. 81	4. M	idland	TX 79	701			
. DESCRIPTION OF WELL .	AND LEA		1 											
John U. Moone							1			of Lease	L	ease No.		
cation	<u>onian</u>			Source	MANA XIVE XIVEX XXXXXXXXXXXXXXXXXXXXXXXXXXXX									
Unit LetterC	: 66	0	Feet !	From	The	FNL Lie	e and	1980) Fe	et From The	FWL	Line		
Section 25 Township 11S Range 32E , NMPM, Lea County														
L DESIGNATION OF TRAN	SDADTEI	D OF O	 II Al	NII) I	AT A TEST							County		
I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS anne of Authorized Transporter of Oil XX or Condensate Address (Give address to which approved copy of this form is to be sent)														
Texas New Mexico Pipeline														
ame of Authorized Transporter of Casinghead Gas XXX or Dry Gas							Box 60028 San Angelo, TX 76906-0028 Address (Give address to which approved copy of this form is to be sent)							
Warren Petroleum														
well produces oil or liquids,						P.O. Box 1598 Tulsa, Is gas actually connected? When				····				
e location of tanks.	, 	-	1 11	. :	32	yes	y connecte	a i	When	7				
his production is commingled with that f	rom any other	r lease or					har			·				
'. COMPLETION DATA	•		, , 6			ing older han	_					····		
		Oil Well		Gas	Well	New Well	Workove		Deepen	Diva Dask	I Camara Barata	bin n		
Designate Type of Completion	· (X)	1	i			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	i	Беереп	i Ling Back	Same Res'v	Diff Res'v		
ate Spudded	Date Comp	l. Ready to	Prod.			Total Depth	L			J P.B.T.D.	<u> </u>			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay				Tubing Depth				
rforations														
											Depth Casing Shoe			
										<u> </u>		•		
	CEMENTING RECORD													
HOLE SIZE CASING & TUBING SIZE						DEPTH SET				SACKS CEMENT				
THET BATE AND BESTIES	E 5255 A	1-1-25317	T 11.5-1			<u> </u>				<u> </u>				
TEST DATA AND REQUES L WELL (Test must be after re														
L WELL (Test must be after real to First New Oil Run To Tank	covery of tot	al volume	of load	d oil a	ind must	be equal to or	exceed top	allowa	ble for shi	s depth or be j	for full 24 hou	rs.)		
He I has New On Run 10 12mg	Date of Test	I.				Producing M	ethod (Flor	w, ритр	, gas lýi, e	etc.)				
ngth of Test	Tution Burn					C. i. ii				175	Choke Size			
ingui or Tea	Tubing Pressure					Casing Pressure				Choke Size				
itual Prod. During Test	Oil - Bbls.					Water - Bbls.				Gas- MCF				
The During You										Own, IAICE.				
ACTUELL	L					L				.1				
AS WELL Itual Prod. Test - MCF/D	7:					• · · · · · · · · · · · · · · · · · · ·								
itual Prod. Test - MCP/D	Length of Test					Bbls. Condensate/MMCF				Gravity of C	Condensate			
tion Marked (with the tare)														
sting Method (pitot, back pr.)	Tubing Pressure (Shul-in)					Casing Pressure (Shut-in)				Choke Size				
I ODER LEGO COLOR						 					·			
I. OPERATOR CERTIFIC					E	11 .		ONIO		A TION	D !! (10)			
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION								
Division have been complied with and that the information given above										300 00				
is true and complete to the best of my knowledge and belief.							e Appro	oved		DEC 09	1993			
Rum D. Callist							1. 1							
								OPIG	INAL CO	GNED RY	ERRY SEXT	ON		
Signalure / President Gregory D. Cielinski President						By_				ICT I SUPE				
Printed Name Title						T:11 -								
10-2-93	(9	915) 6	83-8	3873	<u> </u>	ll little	' 			· · · · · · · · · · · · · · · · · · ·				
Date		Tele	phone	Nυ.		11								

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) Secrete Form C. 104 part he filed for each part in auticular and transporter.