ENERGY AND MINERALS DEPARTMENT

Revised 10-1-78

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator

Ronadero Company Inc.

Address

P. O. Box 2188 Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well [X] Change in Transporter of: Oil [ ] Dry Gas [ ]

Recompletion [ ] Casinghead Gas [ ] Condensate [ ]

Change in Ownership [ ]

Other (Please explain)

CASINGHEAD GAS MUST NOT BE FLARED AFTER 7/28/84 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

East Caprock

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Rob-Clay State	1	~~Caprock East~~-Devonian	State, Federal or Fee State	B9948

Location

Unit Letter F : 1980 Feet From The West Line and 1650 Feet From The North

Line of Section 23 Township 12S Range 32E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining	P. O. Box 159 Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					No	When contract

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Re-
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
3/17/84	5/30/84	11210'	11205'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
4353' DF	Devonian	11188'	11195'
Perforations			**Depth Casing Shoe**
11188-11204'			11210'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8	378'	425 sx
12-1/4	8-5/8	3560'	1550 sx
7-7/8	5-1/2	11210'	650 sx

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

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
5/28/84	5/30/84	Flowing	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
12 hrs.	200	200	8/64 chk.
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
106 bbls.	106 bbls.	0	11

GAS WELL

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

VI. 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.

Dan E. Clark
(Signature)

NRE, Agents for Ronadero Company Inc.
(Title)

May 31, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 1 1984, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepe well, this form must be accompanied by a tabulation of the devia tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ow well name or number, or transporter, or other such change of condit

Separate Forms C-104 must be filed for each pool in multi completed wells.