

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer 100, Artesia, NM 88210

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Rhombus Energy Co.		Well API No. 3002522337
Address 200 N. Loraine Suite 1270, Midland, TX 79701		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Operator change effective 12/1/93
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator Kelly H. Baxter, P. O. Box 11193, Midland, TX 79702		

II. DESCRIPTION OF WELL AND LEASE

Lease Name E. C. Hill "B"	Well No. 2	Pool Name, including Formation Teague Blinbery	Kind of Lease State, Federal or <input checked="" type="radio"/> Fee	Lease No.
Location				
Unit Letter N	990	Feet From The South Line and 1650	Feet From The West Line	
Section 27	Township 23S	Range 37E	NMPM	Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> EOTT Energy Pipeline LP EOTT Energy Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4666, Houston, TX 77210			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Sid Richardson Carbon & Gasoline Co.	Address (Give address to which approved copy of this form is to be sent) 201 Main Street, Fort Worth, TX 76102			
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 27	Twp. 23	Rge. 37
				Is gas actually connected? Yes
				When? Unknown

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	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 11/20/67	Date Compl. Ready to Prod. 1/4/68	Total Depth 6355		P.B.T.D. 5888				
Elevations (DF, RKB, RT, GR, etc.) 3294.4	Name of Producing Formation Blinbery		Top Oil/Gas Pay 5308		Tubing Depth 5590			
Performances 5365=5462; 5504=5612; 5732=5866				Depth Casing Shoe				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	9 5/8		1066		450 circ			
8 3/4	7		6355		550			
	2 3/8		5590					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pacer, 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.

Gregory D. Gelinski
Signature
Gregory D. Gelinski President
Printed Name
12-1-93 Date
915-683-8873 Telephone No.

OIL CONSERVATION DIVISION

Date Approved **DEC 27 1993**
By **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR
Title

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) Separate Form C-104 must be filed for each pool in multiply completed wells.

SAC