

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

OIL CONSERVATION DIVISION

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. 3002522909
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: <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	Operator change effective 12/1/93 Well T.A.
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 "A"	Well No. 4	Pool Name, including Formation Imperial Tubb Drinkard	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter J : 2310 Feet From The South Line and 2310 Feet From The East 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"/> or Condensate <input type="checkbox"/> 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 J	Sec. 27
	Twp. 23	Rge. 37
	Is gas actually connected? No When ?	
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 1/17/69	Date Compl. Ready to Prod. 3/25/69		Total Depth 7065		P.B.T.D. 6500			
Elevations (DF, RKB, RT, GR, etc.) 3282.9	Name of Producing Formation Drinkard		Top Oil/Gas Pay 5994		Tubing Depth 6077			
Perforations 5994-6231; 6403-6489					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2	9 5/8	865	400
8 7/8	7	7069	650
	2 3/8	6077	

V. TEST DATA AND REQUEST FOR ALLOWABLE

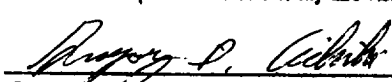
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
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 (pucl, 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 **Gregory D. Cielinski** President
Printed Name **12-1-93** Title **915-683-8873**
Date 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.