

OIL CONSERVATION DIVISION

DISTRICT II  
P.O. Drawer DD, 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 Texaco Exploration and Production Inc.		Well API No. 30 025 12062
Address P. O. Box 730 Hobbs, New Mexico 88240-2528		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Other (Please explain) EFFECTIVE 6-1-91 Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator Texaco Inc. P. O. Box 730 Hobbs, New Mexico 88240-2528		

II. DESCRIPTION OF WELL AND LEASE

Lease Name RHODES YATES UNIT	Well No. 12	Pool Name, Including Formation RHODES YATES SEVEN RIVERS	Kind of Lease State, Federal or Fee FEDERAL	Lease No. 617240
Location Unit Letter N : 990 Feet From The SOUTH Line and 2310 Feet From The WEST Line Section 27 Township 26S Range 37E , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil INJECTOR	or Condensate	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas INJECTOR	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 ?

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 Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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 (pilot, 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 K. M. Miller  
K. M. Miller Div. Ops. Engr.  
Printed Name  
May 7, 1991  
Date  
Telephone No. 915-688-4834

OIL CONSERVATION DIVISION

Date Approved JUN 03 1991

By ORIGINAL SIGNED BY JIMMY 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.

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FILE	
U.S.O.S.	
LAND OFFICE	
OPERATOR	

3a. Indicate Type of Lease  
State ☐ Federal ☒ Fee ☐

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <u>WATER INJECTION WELL</u>	7. Unit Agreement Name <u>RHODES YATES UNIT</u>
2. Name of Operator <u>TEXACO INC.</u>	8. Farm or Lease Name
3. Address of Operator <u>PO BOX 728 HOBBS NM 88240</u>	9. Well No. <u>12</u>
4. Location of Well UNIT LETTER <u>N</u> <u>990'</u> FEET FROM THE <u>SOUTH</u> LINE AND <u>2310</u> FEET FROM THE <u>EAST</u> LINE, SECTION <u>27</u> TOWNSHIP <u>16-S</u> RANGE <u>37-E</u> NMPM.	10. Field and Pool, or Wildcat <u>RHODES YATES</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>2988 (DF)</u>	12. County <u>LEA</u>

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
		OTHER <u>CASING LEAK SURVEY</u> <input type="checkbox"/>	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

The cellar was dug out to expose outlets of bradenheads from first string of pipe cemented in the well and all subsequent heads to and including the tubing head. Satisfactory connections below ground level and proper identifications above ground level were inspected and approved by Tony Platterman.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED <u>Clayton D. Walker</u>	TITLE <u>H. R. 16</u>	DATE <u>8-26-80</u>
APPROVED BY <u>A. H. Statton</u>	TITLE <u>OIL &amp; GAS INSPECTOR</u>	DATE <u>AUG 27 1980</u>
CONDITIONS OF APPROVAL, IF ANY:		

General

0125

31

RECEIVED

AUG 27 1980

OIL CONSERVATION DIV.

*Handwritten signature*

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPL  
(Other instructions  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

~~MT-001451~~ **LC032500**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1.

OIL WELL ☐ GAS WELL ☐ OTHER **Injection Well**

2. NAME OF OPERATOR

**TEXACO Inc.**

3. ADDRESS OF OPERATOR

**P. O. Box 720, Hobbs, New Mexico 88240**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)

At surface **2310/W**  
**300' Fm and 2970' Fm of Sec. 27, T 26-S,**  
**R-37-E. Unit Letter N**

7. UNIT AGREEMENT NAME

**Rhodes Yates Unit**

8. FARM OR LEASE NAME

9. WELL NO.

**12**

10. FIELD AND POOL, OR WILDCAT

**Rhodes Yates**

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

**Sec. 27, T 26-S,**  
**R-37-E**

14. PERMIT NO.

**Regular**

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

**2900' DF**

12. COUNTY OR PARISH

**Lea**

13. STATE

**N.M.**

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON\* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

1. Pulled rods and tubing.
2. Cleaned out hole to TD of 3330'.
3. Ran RBP and set @ 3150'. Spotted 3 sx. sand on RBP. Ran cement retainer and set @ 2829. Tested tubing to 3000#-OK. Squeezed perforations 2972-3118 w/ 100 sx. Class H cement. Squeezed to 2000#-OK.
4. Ran 4-3/4" drill bit, tagged cement retainer @ 2829, drilled cement retainer and cement to 2910'. Circulated hole clean, pulled tubing.
5. Drilled cement retainer and cement 2910'-2990'. Drilled cement 2990'-3127'. Circulated hole clean. Pressured 5-1/2" casing w/ 500# for 30 minutes-held OK. Pulled tubing and drill bit.
6. Circulated sand off of RBP and pulled RBP.
7. Ran 2-3/8" plastic lined tubing and packer, w/ packer set @ 3149.
8. Loaded tubing casing annulus w/ 57 Bbls. inhibited water. Pressured casing annulus w/ 200# for 30 minutes-held OK.
9. Connected up for injection.
10. Conversion to injection completed 2-2-74.

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE **Asst. Dist. Supt.**

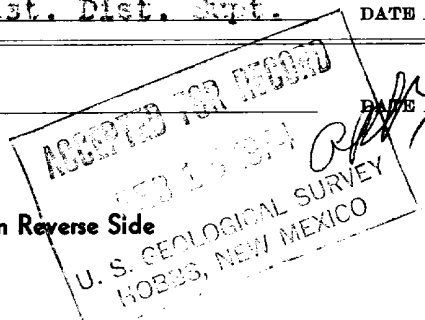
DATE **2-12-74**

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:



\*See Instructions on Reverse Side

## Instructions

**General:** This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

**Item 4:** If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

**Item 17:** Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPI  
(Other instructions  
verse side)FE-  
re-Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-068451 LC 0325/06

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

## SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <b>Injection Well</b>	7. UNIT AGREEMENT NAME <b>Rhodes Yates Unit</b>
2. NAME OF OPERATOR <b>TEXACO Inc.</b>	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR <b>P. O. Box 720, Hobbs, New Mexico 88240</b>	9. WELL NO. <b>12</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>2310 W</b> <b>990' FSL and 2970' FSL of Sec. 27, T-26-S, R-37-E, Unit Letter N</b>	10. FIELD AND POOL, OR WILDCAT <b>Rhodes Yates</b>
11. PERMIT NO. <b>Regular</b>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 27, T-26-S, R-37-E</b>
12. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>2900' DF</b>	12. COUNTY OR PARISH <b>Lea</b>
	13. STATE <b>N.M.</b>

## 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐

(Other)

PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON\* ☐CHANGE PLANS ☐**Convert to Injection**☒

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐

(Other)

REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT\* ☐

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

1. Pull rods and tubing.
2. Clean out to TD of 3330'.
3. Set BP @ 3150' and dump sand on top of BP, set retainer @ 2900'.
4. Squeeze perforations @ 2972-3110 w/ 100 sx. Class H cement. Drill out and test squeeze. Pull BP.
5. Run 2-3/8" plastic coated tubing and packer, w/ packer set @ 3125'.
6. Load annulus w/ inhibited water.
7. Connect up for injection.
8. Run injectivity profile when pressure and injection rates have stabilized.

NMOCC Order No. R-4521

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE

Asst. Dist. Supt.

DATE

1-23-74

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

## Instructions

**General:** This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

**Item 4:** If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

**Item 17:** Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

I. Operator  
**TEXACO Inc.**

Address  
**P. O. Box 728, Hobbs, New Mexico 88240**

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Filed to show change in Well number and lease name from Morris #3 to Rhodes Yates Unit #12, effective 8-1-73

If change of ownership give name and address of previous owner **Texas Pacific Oil Company, P. O. Box 4067, Midland, Texas** 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Rhodes Yate Unit</b>	Well No. <b>12</b>	Pool Name, including Formation <b>Rhodes Yates</b>	Kind of Lease State, <u>Federal</u> or Fee	Lease No. <b>NM 088451</b>
Location				
Unit Letter <b>N</b>	<b>990</b>	Feet From The <b>South</b> Line and <b>2970</b>	Feet From The <b>East</b>	
Line of Section <b>27</b>	Township <b>26-S</b>	Range <b>37-E</b>	NMPM, <b>Lea</b>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <b>Shut In</b>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Shut In</b>	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	

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. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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)

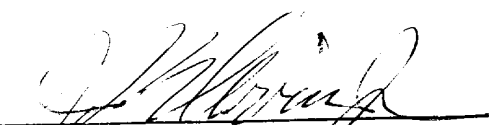
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
(Signature)  
**Assistant District Superintendent**  
(Title)  
**8-21-73**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Form C-104 must be filled for each pool in multiply