

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

JUL 27 1983

O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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Operator	

Rhymes Drilg. Co., Inc. ✓

Address

P.O. Box 729 - Roswell, NM 88201

Reason(s) for filing (Check proper box)

New Well	☒	Change In Transporter of:	
Recompletion	☐	Oil	☐
Change In Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please specify) **CASINGHEAD GAS MUST NOT BE
FLARED AFTER 9/28/83
UNLESS AN EXCEPTION TO Rule 306
IS OBTAINED**If change of ownership give name
and address of previous owner: None

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
O'Brien-Deming "6"	#2	Bullseye-San Andres	State, Federal or Fee Fee	30-005-61980
Location				
Unit Letter	K	1650 Feet From The South Line and 1650 Feet From The West		
Line of Section	6	Township 8 South Range 29 East	Chaves	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)	
Navajo Refinery <i>Bo.</i>	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)	
None	None	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	L	6
	8 S	29 E
	No	

If this production is commingled with that from any other lease or pool, give commingling order number: None

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir, Diff. Res.
	X		X				
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
6-1-83 4-28-83	7-14-83 6-1-83		2755'		2755'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
4026.3	San Andres		2582' 2581.5		2580'		
Perforations	Depth Casing Shoe						
2584.5-92-98-2601-06.5-12-17-22-24-26-29-31-32-39-41	2755'						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8 5/8"	129'	75 sks.
7 7/8"	4 1/2"	2755'	175 sks.
-----	2 3/8"	2580'	n/a

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.)	
6-1-83	7-14-83	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hrs.	0	0	3/32
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
31 Bbl.	6 Bbl.	25	2.566

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
n/a	-----	-----	-----
Testing Method (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
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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.

S. S. Suresh
(Signature)

Operations Manager

July 25, 1983

OIL CONSERVATION DIVISION

JUL 28 1983

APPROVED _____, 19

Original Signed By
BY Leslie A. Clements
Supervisor District II

TITLE _____

This form is to be filed in compliance with RULE 111.

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

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

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

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