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OIL CONSERVATION DIVISION
P. O. BOX 7088
NEW MEXICO 87501
JAN 8 1986
O. C. D.
REQUEST FOR ALLOWABLE
ARTESIA, OFFICE AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RHYMES DRILLING COMPANY, INC

Address
P O BOX 729, ROSWELL, NEW MEXICO 88201

Reason(s) for filing (Check proper box)

New Well	<input checked="" 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"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name GULF FEDERAL	Well No. 3	Pool Name, Including Formation BRUSHY DRAW DELAWARE	Kind of Lease State, Federal or Fee FEDERAL	Lease No. LC-06149
Location Unit Letter C ; 572 Feet From The NORTH Line and 1715 Feet From The WEST Line of Section 13 Township 26S Range 29E , NMPM, EDDY County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> NAVAJO REFINING COMPANY	Address (Give address to which approved copy of this form is to be sent) BOX 159, ARTESIA, NEW MEXICO 88210	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> CONOCO, INC.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1959, MIDLAND, TEXAS 79702	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 13
	Twp. 26S	Rge. 29E
	Is gas actually connected? NO When	

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Reservoir <input checked="" type="checkbox"/>	Diff. Res. <input type="checkbox"/>
Date Spudded 11/15/85	Date Compl. Ready to Prod. 12/24/85		Total Depth 5500'		P.B.T.D. 5424'			
Elevations (DF, RKB, RT, CR, etc.) 3008' GR	Name of Producing Formation DELAWARE		Top Oil/Gas Pay 5253'		Tubing Depth 5200'			
Perforations 5253'56"59'63'66'69'72'75'83'85'-8'93'95'99'5303'06'07'08'09'11'					Depth Casing Shoe 5500'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		410'		300			
12-1/4	8-5/8		3150'		1370			
7-7/8	5-1/2		5500'		490			
	2-7/8		5200'					

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 12/23/85	Date of Test 12/27/85	Producing Method (Flow, pump, gas lift, etc.) FLOW	
Length of Test 24 hrs	Tubing Pressure 50 psi	Casing Pressure 50 psi	Choke Size 16/64"
Actual Prod. During Test 175 bbls	Oil-Bbls. 115	Water-Bbls. 60	Gas-MCF 220

GAS WELL

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

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.

Jerry W. Franklin
(Signature)*Agent*
(Title)*1/8/86*
(Date)

OIL CONSERVATION DIVISION

JAN 22 1986

APPROVED _____, 19

BY Original Signed By
Les A. ClementsTITLE Supervisor District II

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

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat 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 own well name or number, or transporter, or other such change of condition. Section IV must be filled for each pool in multi-