

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DISTRIBUTION	
ANTAFE	
ILE	
S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

I. OPERATOR

Operator: Rhonda Operating Company (effective 11/01/81)

Address: 511 North Main; Midland, Texas 79701

Reason(s) for filing (Check proper box):

New Well Change in Transporter Other (Please explain):

Recompletion Casinghead Gas City Gas

Change in Ownership Condensate

If change of ownership give name and address of previous owner: Sun Production Company; P. O. Box 2880; Dallas, Texas 75221

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Producing Formation	Kind of Lease	Lease No.
<u>New Mexico H State</u>	<u>9</u>	<u>Cato-San Andres</u>	<u>State, Federal or Fee State</u>	<u>K-3259</u>
Location	Unit Letter	Feet From The	Line or	Feet From The
	<u>L</u>	<u>West</u>	<u>1980</u>	<u>South</u>
Line of Section	Township	Range	County	
<u>16</u>	<u>8S</u>	<u>30E</u>	<u>Chaves</u>	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate: Navajo Refining Company Address: P. O. Drawer 175; Artesia, New Mexico 88210

Name of Authorized Transporter of Casinghead Gas or City Gas: Cities Service Company Address: P. O. Box 300; Tulsa, Oklahoma 74102

If well produces oil or liquids, give location of tanks: F 16 8S 30E Is it actually connected? Yes When: August 1, 1968

IV. COMPLETION DATA

Designate Type of Completion -- (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'tv. Diff. Res'tv.

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 (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-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.

Ann M. Wells
(Signature)

Agent
(Title)

January 12, 1982
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 20 1982, 19

BY JERRY SEXTON
ORIGINAL SIGNED BY

TITLE DISTRICT 1 SUPR.

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 deviator 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. Separate Form C-104 must be filed for each pool in multiple.