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DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
 Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

Form C-104
 Revised 1-1-89
 See Instructions
 at Bottom of Page

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

Operator Texaco Exploration and Production Inc.		Well API No. 30 025 12060	OK
Address P. O. Box 730 Hobbs, New Mexico 88240-2528			
Reason(s) for Filing (Check proper box)		<input checked="" type="checkbox"/> Other (Please explain) EFFECTIVE 6-1-91	
New Well <input type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
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 Texaco Inc. P. O. Box 730 Hobbs, New Mexico 88240-2528			

II. DESCRIPTION OF WELL AND LEASE

Lease Name W H RHODES B FEDERAL NCT 1	Well No. 4	Pool Name, Including Formation RHODES YATES SEVEN RIVERS	Kind of Lease State, Federal or Fee FEDERAL	Lease No. 617630
Location Unit Letter <u>H</u> : 1980 Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>EAST</u> Line Section <u>27</u> Township <u>26S</u> Range <u>37E</u> , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> INJECTOR	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"/> INJECTOR	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.

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

OIL CONSERVATION DIVISION

Date Approved JUN 03 1991
 By ORIGINAL SIGNATURE OF FIELD 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.