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NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE AND

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

RECEIVED BY
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

JUN 09 1986

O. C. D.
ARTESIA, OFFICE

Operator Rhymes Drilling Company, Inc. ✓	
Address P.O. Box 729 , Roswell, New Mexico 88220	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE
Recompletion <input type="checkbox"/>	PLACED ON 7-9-86
Change in Ownership <input type="checkbox"/>	UNLESS AN EXCEPTION FROM
	THE E.L.M. IS OBTAINED

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Gulf Federal	Well No. 2	Pool Name, Including Formation Brushy Draw-Delaware	Kind of Lease State, Federal or Fee Federal	Lease No. LC-061497
Location Unit Letter F ; 1650 Feet From The North Line and 1685 Feet From The West Line of Section 13 Township 26 South Range 29 East , NMPM, Eddy County				

I. 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 type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 F	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:

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 3/27/86	Date Compl. Ready to Prod. 5/28/86	Total Depth 5500'	P.B.T.D. 5330'					
Elevations (DF, RKB, RT, GR, etc.) 3014' GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 5263'	Tubing Depth 5220'					
Perforations (20 holes-.41" holes) 5319-20, 5317, 5309, 5307, 5297, 5263, 5265, 5269-71, 5273, 5275, 5279-80, 5282-83, 5287, 5291, 5294,			Depth Casing Shoe 5500'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	945'	600 SX					
7 7/8"	5 1/2"	5500'	1000 SX					
5 1/2"	2 7/8"	5220'	Post ID-2 6-13-86 Camp 85					

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 5/26/86	Date of Test 5/27/86	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure ----	Casing Pressure ----	Choke Size ----
Actual Prod. During Test 180 bbls	Oil-Bbls. 30	Water-Bbls. 150	Gas-MCF tstm

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. 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.

Larry W. Franklin
(Signature)

Agent
(Title)

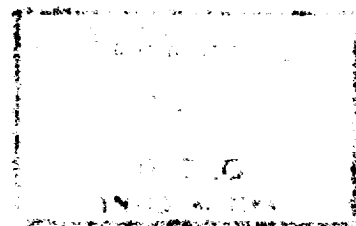
6/3/86
(Date)

OIL CONSERVATION COMMISSION

JUN 9 1986

APPROVED _____, 19____
Original Signed By
BY Les A. Clements
Supervisor District II

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.
This form must be filed for each pool in multiple.

[illegible]