

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

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I. 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 ☐  
Recompletion ☐ Oil ☒ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
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  
New Mexico H State 3 Cato-San Andres  
Kind of Lease  
State, Federal or Fee State  
Lease No.  
K-3259  
Location  
Unit Letter H 1980 Feet from the North Line to 660 Feet from the East  
Line of Section 16 Township 8S Range 30E, NMPM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil X  
Navajo Refining Company  
Address (Give address to which approved copy of this form is to be sent)  
P. O. Drawer 175; Artesia, New Mexico 88210  
Name of Authorized Transporter of Condensate or Gas X  
Cities Service Company  
Address (Give address to which approved copy of this form is to be sent)  
P. O. Box 300; Tulsa, Oklahoma 74102  
If well produces oil or liquids, give location of tanks.  
F 16 8S 30E Yes August 1, 1968

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)  
Date Spudded  
Date Completed Ready to Operate  
Total Depth  
P.B.T.D.  
Elevations (DF, RKB, RT, GK, etc.)  
Name of Producing Formation  
Log, T.D., 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 (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.  
Ann M. Wells  
(Signature)  
Agent  
(Title)  
January 12, 1982  
(Date)  
OIL CONSERVATION COMMISSION  
APPROVED FEB 26 1982, 19  
ORIGINAL SIGNED BY  
JERRY SEXTON  
TITLE DISTRICT 1 SUPERVISOR  
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.  
Separate Forms C-104 must be filed for each pool in multiple