

DISTRIBUTION	
ANTA FE	
ILE	
U.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 ☐ Extension of Lease ☐
Recompletion ☐ Change in Ownership ☒
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 12 Cato-San Andres Kind of Lease State, Federal or Fee State Lease No. K-3259
Location
Unit Letter I 1980 Feet from the South Side of 660 Feet from the East
Line of Section 16 Township 8S Range 30E N.M.P.M. 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 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

IV. COMPLETION DATA
Designate Type of Completion - (X)
Date Spudded Date Comp. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top of 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 (pitot, 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 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 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