

DISTRIBUTION

AMT & FE

ILE

S.G.S.

LAND OFFICE

TRANSPORTER

OPERATOR

PRORATION OFFICE

NAME

OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104

Supersedes Old C-104 and C-1

Effective 1-1-65

1.

Operator

Rhonda Operating Company (effective 11/01/81)

Address

511 North Main; Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change In Ownership

Change In Transporter

Change In Lease

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 II State

11

Cato-San Andres

Kind of Lease

State, Federal or Fee

State

Lease No.

K-3259

Location

Unit Letter

J

1980

Section

South

Line

1980

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 (If ☒) or Refiner

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 (If ☒) or Refiner

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)

New Well

Workover

Deepen

Plug Back

Same Res'y.

Diff. Res'y.

Date Spudded

Date Compl. Ready to Test

Depth

P.B.T.D.

Elevations (DF, RAB, RT, etc.)

Name of Producing Formation

Gas Pay

Fishing 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

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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 Form C-104 must be filed for each well in multiple