

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

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 ☐ Other (Please explain)
Recompletion ☐ Casinghead Gas ☒ Dry Gas ☐
Change in Ownership ☒ Condensate ☐

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	13	Cato-San Andres	Kind of Lease	State, Federal or Fee	State	Lease No.	K-3259
Location	Unit Letter	P	660	Feet from the	South	660	Feet from the	East
Line of Section	16	Township	8S	Range	30E	County	Chaves	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/>	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 Casinghead Gas <input checked="" type="checkbox"/>	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.	Unit	Sec.	16	8S	30E	Is this actually connected?	Yes	When	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)		Old Well	New Well	Workover	Deepen	Plug Back	Same Res'y.	Diff. Res'y.
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 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
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 pool in multiple