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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-110
Effective 1-1-65

Operator J. Cecil Rhodes	
Address 822 Building of Southwest, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) THIS WELL HAS BEEN PRODUCING FOR 10 YEARS AND THE POOL IS BEING RECOMPLETED. THE POOL IS NOT CONCURRING WITH THIS OFFICE.	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Joannie	Well No. 1	Pool Name, including Formation Wildcat-Penrose	Kind of Lease State, Federal or Fee State	Lease No. E-7990
Location Unit Letter C ; 660 Feet From The North Line and 1980 Feet From The West Line of Section 8 Township 18S Range 34E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Western Crude Oil	Address (Give address to which approved copy of this form is to be sent) Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None - Yet	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 C	Sec. 8	Twp. 18S	Rge. 34E	Is gas actually connected? -	When -

If this production is commingled with that from any other lease or pool, give commingling order number:

No

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Rest'v. <input type="checkbox"/>	Diff. Rest'v. <input type="checkbox"/>
Date Spudded Re-entered 7/25/73	Date Compl. Ready to Prod. 8/16/73		Total Depth 4673'		P.B.T.D. 4647'			
Elevations (DF, RKB, RT, GR, etc., 4071 RKB	Name of Producing Formation Penrose		Top Oil/Gas Pay 4304		Tubing Depth 4244			
Perforations 4304' - 4538'					Depth Casing Shoe 4658			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		318'		450 SXS -Circ.			
11"	8-5/8"		1328-3262'		250 SXS.			
7-7/8"	4-1/2"		4658'		400 SXS			

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 8/16/73	Date of Test 8/17/73	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hours	Tubing Pressure 160 psi	Casing Pressure Packer	Choke Size 1/8"
Actual Prod. During Test 95	Oil-Bbls. 95	Water-Bbls. -0-	Gcs-MCF 142.69

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.

C. H. Perry
(Signature)
Petroleum Engineer
(Title)
8/17/73
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY *[Signature]*
TITLE _____

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 transportation, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply