

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Capataz Operating, Inc.	Well API No. 30-025-32140
Address P O Box 2083, Midland, TX 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
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 Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name
and address of previous operator

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE. R-10091

II. DESCRIPTION OF WELL AND LEASE

Lease Name Rhino	Well No. 1	Pool Name, Including Formation Southwest House Y-SR Gas 4/1/94	Kind of Lease State, Federal or Fee	Lease No. --
Location				
Unit Letter N	: 660	Feet From The S	Line and 1980	Feet From The W
Section 11	Township 20S	Range 38E	NMPM,	Lea
County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Petro Source Partners, Ltd.	<input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 9801 Westheimer, Ste 900, Houston, TX 77042				
Name of Authorized Transporter of Casinghead Gas Sid Richardson Gasoline Co.	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 201 Main St., Ft. Worth, TX 76102				
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 11	Twp. 20S	Rge. 38E	Is gas actually connected? Yes	When? 12-30-93

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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 7/27/93	Date Compl. Ready to Prod. 10/29/93	Total Depth 3153		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) 3595 KB	Name of Producing Formation Yates	Top Oil/Gas Pay 3053		Tubing Depth 3052				
Perforations 3053-3153				Depth Casing Shoe				

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	8-5/8 24#	318	200 - Circ'd
7-7/8	5-1/2 15.5#	3053	575 - Circ'd
	2-3/8 4.6#	3052	NA

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 Tank	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 100	Length of Test 24 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate --
Testing Method (pilot, back pr.) PITOT	Tubing Pressure (Shut-in) 35	Casing Pressure (Shut-in) 340	Choke Size 18/64

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation
Division have been complied with and that the information given above
is true and complete to the best of my knowledge and belief.

Signature
H. Scott Davis
Printed Name
12-1-93
Date
Agent
Title
915-682-7664
Telephone No.

OIL CONSERVATION DIVISION

DEC 30 1993

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.