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DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
IRANSPORTER	٥iL	
	GAS	
OPERATOR		
PRORATION OFFICE		
Operator		

April 24, 1974 (Date)

DISTRIBUTION		DINSERVATION COMMISSIO	Form C-104
SANTA FE	REQUEST F	REQUEST FOR ALLOWABLE	
U.S.G.S.	AUTHORIZATION TO TRAI	- AND NSPORT OIL AND NATURAL GA	c
LAND OFFICE	_ AUTHORIZATION TO TRAI	NSPURT OIL AND NATURAL GA	•
TRANSPORTER GAS			11 . A. 11
OPERATOR			4
PRORATION OFFICE Operator			
El Paso Natural Gas C	ompany		
1800 Wilco Building,		Other (Please explain)	
Reason(s) for filing (Check proper bo	Change in Transporter of:	Office (Freuse explains)	
Recompletion	Oil Dry Gas	s 🔲 Name Change: For	merly Battery #2
Change in Ownership	Casinghead Gas Condens	sate	
If change of ownership give name and address of previous owner			
. DESCRIPTION OF WELL ANI			retad of Casas
Lease Name			Kind of Lease Federal State, Federal or Fee 030181-C
Moberly Rhodes Waterf	Tood Project 12 Rhode	es Yates-Seven Rivers	<u> </u>
ļ [—]	980 Feet From The North Line	e and 660 Feet From Th	e <u>East</u>
Unit Letter,			•
Line of Section 20 T	Cownship 26-S Range	37-Е , _{NMPM} , Le	d County
DESIGNATION OF TRANSPOL	RTER OF OIL AND NATURAL GA	S	
Name of Authorized Transporter of C	or Condensate	Address (Give address to which approve	d copy of this form is to be sent)
Texas New Mexico Pipe	line Company	P. O. Box 1510, Midland, Address (Give address to which approve	Texas 79701
1	Casinghead Gas Or Dry Gas	P. O. Box 1492, El Paso,	
El Paso Natural Gas C	Unit Sec. Twp. Rge.	Is gas actually connected? When	
If well produces oil or liquids, give location of tanks.	F 21 26 37	Yes	
If this production is commingled v	with that from any other lease or pool,	give commingling order number:	
V. COMPLETION DATA	Oil Well Gas Well		Plug Back Same Res'v. Diff. Res'
Designate Type of Complete	tion – (X)		
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
Lievations (DP, RRB, R1, GR, etc.	,		
Perforations			Depth Casing Shoe
		CEMENTING RECORD	
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & FORMO SIZE		
			-d he sound to or exceed top allo
V. TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (Test must be a able for this de	ifter recovery of total volume of load oil as epth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	, etc.)
		Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Cuamy Freshwe	
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
	Tubing Pressure	Casing Pressure	Choke Size
Testing Method (pitot, back pr.)	1 dbing Plessure		
VI. CERTIFICATE OF COMPLIA	ANCE	OIL CONSERVA	TION COMMISSION
I hereby certify that the rules as	nd regulations of the Oil Conservation	APPROVED	, 19
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.		· II •	Orig. Signed by
above is true and complete to	me near or my amountage and sensor		Joe D. Ramey Dist. I. Sunv.
C. D. 1	\mathcal{K}	This form is to be filed in c	able for a newly drilled or deeper
<u> </u>	Signofure)	well, this form must be accompar tests taken on the well in accord	ried by a tabulation of the deviati
Produ	ction Clerk	All sections of this form mus	st be filled out completely for allo
	(Title)	able on new and recompleted we	11s.

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 multiply completed wells.