

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Revised 10-1-70

NO. OF APPLICANTS	
DISTRIBUTION	
SANTA FE	
FILE	
USED	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

EL PASO EXPLORATION COMPANY

Address

1800 WILCO BUILDING, MIDLAND, TX 79701

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

CHANGE IN OPERATOR

If change of ownership give name  
and address of previous owner

EL PASO NATURAL GAS, P.O. BOX 1492, EL PASO, TX 79978

## DESCRIPTION OF WELL AND LEASE

030181-C

Lease Name <u>Rhodes Project</u>	Well No. <u>6</u>	Pool Name, Including Formation <u>RHODES YATES-SEVEN RIVERS</u>	Kind of Lease State, Federal or Fee <u>FEDERAL</u>	Lease No.
<u>MOBERLY WATERFLOOD</u>				

Location

Unit Letter K : 1980 Feet From The SOUTH Line and 1980 Feet From The WESTLine of Section 21 T. 26S Range 37E , NMPM, LEA Count

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>NONE - INJECTION WELL</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>NONE - INJECTION WELL</u>	
If well produces oil or liquids, give location of tanks. <u>NA</u>	Unit <u>NA</u> Sec. <u>NA</u> Twp. <u>NA</u> Rge. <u>NA</u>
	Is gas actually connected? <u>NA</u> When <u>NA</u>

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

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input 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 Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RNB, 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

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)

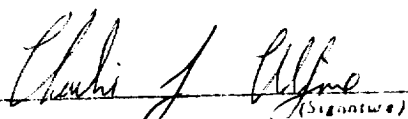
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-bbls.	Water-bbls.	Gas-MCF

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

## 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)

PRODUCTION ENGINEER

(Title)

MAY 7, 1985

(Date)

## OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_, \_\_\_\_\_  
JIM SEXTON

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 deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filed for each pool in multi-comparted wells.