

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR	EL PASO EXPLORATION COMPANY	
Address	1800 WILCO BUILDING, MIDLAND, TX 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:	CHANGE IN OPERATOR
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"/>	

If change of ownership give name and address of previous owner EL PASO NATURAL GAS, P.O. BOX 1492, EL PASO, TX 79978

2. DESCRIPTION OF WELL AND LEASE

030181-C

Lease Name <u>Rhodes</u>	Well No. <u>1</u>	Pool Name, Including Formation	Kind of Lease <u>FEDERAL</u>	Lease No.
<u>MOBERLY WATERFLOOD Project</u>		<u>RHODES YATES-SEVEN RIVERS</u>	State, Federal or Fee	
Location				
Unit Letter <u>K</u>	<u>1980</u>	Feet From The <u>NORTH</u>	Line and <u>1980</u>	Feet From The <u>WEST</u>
Line of Section <u>21</u>	T. <u>26S</u>	Range <u>37E</u>	<u>NMPM</u>	<u>LEA</u>
County				

3. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>TEXAS-NEW MEXICO PIPELINE COMPANY</u>	<u>P.O. BOX 1510, MIDLAND, TX 79701</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>EL PASO NATURAL GAS</u>	<u>P.O. BOX 1492, EL PASO, TX 79978</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>K</u>	Sec. <u>21</u>	Twp. <u>26S</u>	Rge. <u>37E</u>	Is gas actually connected? <u>YES</u>	When

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

4. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res
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			

5. 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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

6. 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.

PRODUCTION ENGINEER

MAY 7, 1985

OIL CONSERVATION DIVISION

APPROVED _____, 19 ____

BY _____

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all able 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 condition.

Separate Form C-104 must be filed for each pool in multi-completed wells.