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

## State of New Mexico k gy, Minerals and Natural Resources Departme

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT II P.O. Drawer D.D., Asteria, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							Well	Well API No.				
Texaco Exploration and Production inc.								30 025 12066				
Address						- <del></del>						
P. O. Box 730 Hobbs, Ne	w Mexico	8824	0-2528	8								
Reason(s) for Filing (Check proper box)					_	et (Please expl	-					
Voir Well Change in Transporter of: EFFECTIVE 11-01-91												
Recompletion 📙	Oil		Dry Ge									
Change in Operator	Casinghes	I Gas &	Conden	2016	<del></del>			<del></del>				
and actions of heavens observed			Box 7	<del></del>	lobbs, Ne	w Mexico	88240-2	528		<del></del>		
IL DESCRIPTION OF WELL		15	7 - 4 - 4	Francisco		l Vind	Kind of Lease		Lease No.			
Lease Name		Well No. Pool Name, Iacludia 11 RHODES YATE			•	DR/CD6	State,	State, Federal or Fee		NM25741		
RHODES YATES UNIT	II NAMES TATE			S SEVEN	MAEUO	IFEDE	FEDERAL					
Location  Unit Letter K : 2310   Feet From The   SOUTH   Line and   2310   Feet From The   WEST   Line												
Section 27 Township	, 26	6S Range 37E			, NMPM,			LEA County				
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL ANI	D NATU	RAL GAS							
11 C. A d		or Conde			Address (Giv	e address to w						
Texas New Mexico Pipeline C 1670 Broadway Denver, Colorado 8												
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Sid Richardson Carbon & Gasoline Co.								copy of this form is to be sent) orth, Texas 76102				
If well produces oil or liquids, give location of tanks.	Unit Sec. E 27		Twp.   Rge.   26S   37E		is gas actually connected? YES		When	When ? UNK!		NOWN		
if this production is commingled with that	from any other	er lease or	pool, give	e comming!	ing order num	ber:						
IV. COMPLETION DATA	-				·							
		Oil Well	ı G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		<u></u>	L_			<u> </u>	<u>L</u>	<u> </u>	<u> </u>	1		
Date Spudded	i. Ready to	o Prod.		Total Depth			P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	oducing Fo	ormation		Top Oil/Gas	Pay		Tubing Depth					
Perforations					<u> </u>			Depth Casing Shoe				
TUBING, CASING AND CEMENTING RECORD												
HOLE SIZE	SING & TUBING SIZE			DEPTH SET			SACKS CEMENT					
								<b></b>				
								ļ				
	m 500 A	TT ASS	ADIE		<u>.</u>			L				
V. TEST DATA AND REQUES				21 and must	Le couel te co	annead top allo	unahla fan shis	danth ar had	on full 2d hour	-o 1		
OIL WELL (Test must be after re			of loss of	u ena musi					or just 24 nou	78.7		
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)							
Leagth of Test	enine			Casing Pressure			Choke Size					
negth of Test Tubing Pressur			Life .									
Actual Prod. During Test Oil - Bbls.						Water - Bbls.			Gas- MCF			
GAS WELL												
Actual Prod. Test - MCF/D	Length of T	est			Bbls. Conden	sale/MMCF		Gravity of C	ondensate			
Living 210tr Sam - Sucrito	Length of Year											
Sesting Method (pitot, back pr.)	g Method (pitot, back pr.)  Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COM ATT	OT TART	CE				<b>L</b>				
•••				CE		DIL CON	SERVA	I NOITA	DIVISIO	N		
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above					1							
is true and complete to the best of my knowledge and belief.					Data	Approve	d	APR 30	'92			
CTUK Johnson					D.,	CAIGINAL	SYGNED 5	y JUAN S	HOTKE			
Signature L.W. JOHNSON Engr. Asst.						CAIGINAL BY	ACBALL C					
L.W. JOHNSON Printed Name			Title		Title	•						
04-14-92		(505)										
Date		Tele	phone No		l I							

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.