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

State of New Mexico En. of, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Desever DD, Astonia, NM 88210 DISTRICT III 1000 Rio Berros Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

TO TRANSPORT OIL AND TRATSTITLE COLO								Well API No.			
Operator Texaco Exploration and Production Inc.								30 025 21953			
Address											
P. O. Box 730 Hobbs, New	Mexico	88240)–25	28	X Other	n (Please expla	uin)			<u> </u>	
Resecu(s) for Filing (Check proper box)		Chase is	Trans	porter of:		FECTIVE 1					
Recompletion	Oil		•	. —							
Change in Operator	Casinghead	Cas 🛚	Cond	leasale							
change of operator give name. TOXBO	co Inc.	P. O.	Вох	730 H	obbs, Nev	w Mexico	88 240 -2	528			
I. DESCRIPTION OF WELL	AND LEA		T				T Kind	r Lasse	1 14	ase No.	
well No. Pool Name, Include Well No. Pool Name, Include WH RHODES B FEDERAL NCT 1 15 RHODES YATE					_	RIVERS	State,	State, Federal or Fee FEDERAL		LC030174B	
Location A	660			NO	RTH	660	l. Ea	et From The E	AST	Line	
<u></u>	- PAR FIGUR 186										
Section 27 Township	, 26		Rang	97E	, N	MPM.		LEA		County	
II. DESIGNATION OF TRAN		or Conde	IL A	ND NATU	RAL GAS Address (Giv	e edáress to wi	ich approved	copy of this fo	rm is to be se	nd)	
Texas New Mexico Pipeline (670 Broad					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Sid Richardson Carbon & Gasoline Co.								d copy of this form is to be sent) Vorth, Texas 76102			
If well produces oil or liquids, give location of tanks.	Unit	Unit Sec.		. Rge. S 37E	is gas actually consected? YES		Whea	-	01/67		
if this production is commingled with that	from any other	er lease or	boof'	pive commine	ng order num	ber:	Ina				
IV. COMPLETION DATA S	ID HICH							Plug Back	Cama Bash	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well	\	Gas Well	New Well	Workover	Deepen	Find Pace	Setting Web A	Jan Kesv	
Data Spudded	Date Compi. 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					L		<u> </u>	Depth Casing Shoe			
		URING	CA	SING AND	CEMENTI	NG RECOR	ZD	.l			
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET		SACKS CEMENT			
	<u> </u>							- 			
V. TEST DATA AND REQUES	T FOR A	LLOW	ABL	Æ	l			J			
OIL WELL (Test must be after r	ecovery of 10	cal volume	of lo	ad oil and must	be equal to or	exceed top all	owable for th	is depth or be f	or full 24 hou	rs.)	
Date First New Oil Rua To Tank	Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
Leagth of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbis.				Water - Bbls.			Gas- MCF			
GAS WELL	1	······································			l						
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensale/MMCF			Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COM	PLI	ANCE		011 001	JOEDY 4	ATION	חוויוייי	NI.	
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and is true and complete to the best of my	that the info	rmation giv	vea ab	ove	Date	e Approve	ad	AP	R 30'92	<u>)</u>	
-140 Al -	-						•		sayten e i		
Signature L.W. JOHNSON		Eng	ır. A	sst.	By_	OHOUSE	SKOLUD () Julyo ().		y: * + + * * *		
Printed Name 04-14-92			Titl		Title)					
V7-17-52			lenhos		FOR	RECO	ORD (YINC	ADD	3019	

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.