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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

MAR 1 3 05 PM '67

I. Operator **TEXACO Inc.**

Address **P. O. Box 728 - Hobbs, New Mexico**

Reason(s) for filing (Check proper box)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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"/>

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name W. H. Rhodes "b" NCT-1	Well No. 15	Pool Name, Including Formation Rhodes	Kind of Lease State, Federal or Fee
Location			
Unit Letter A	660 Feet From The East Line and 660 Feet From The North		
Line of Section 27	Township 26-S	Range 37-E	NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510 - Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1384 - Jal, New Mexico
If well produces oil or liquids, give location of tanks.	Unit I Sec. 27 Twp. 26-S Rge. 37-E Is gas actually connected? YES When March 1, 1967

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well OIL	Gas Well NO	New Well NEW	Workover NEW	Deepen NEW	Plug Back NEW	Same Res'v. NEW	Diff. Res'v. NEW
Date Spudded January 9, 1967	Date Compl. Ready to Prod. March 1, 1967	Total Depth 3300'		P.B.T.D. 3264'				
Pool Rhodes	Name of Producing Formation Yates-Seven Rivers	Top Oil/Gas Pay 3008'		Tubing Depth 2990'				
Perforations Perf. 4 1/2" Casing 2 jet shots at 3008', 3040', 3055', 3060', 3134', 3139', 3144', 3152', 3157', 3163', 3177', 3184', 3190', & 3195'.						Depth Casing Shoe 3300'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
9 7/8"	7 5/8"		1163'		575 Sx.			
6 3/4"	4 1/2"		3300'		450 Sx.			

V. 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 March 1, 1967	Date of Test March 1, 1967	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hours	Tubing Pressure 180	Casing Pressure - - -	Choke Size 24/64"
Actual Prod. During Test 3	Oil - Bbls. 3	Water - Bbls. NONE	Gas - MCF 61.9

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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.



Dan Gillett
Assistant District Superintendent

March 1, 1967

(Signature)
(Title)
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY **ORIGINAL**

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

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

Fill out Sections I, II, III, and VI only 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.