Submit 5 Comes

Appropriate Distinct Office
DISTRICT
2.0. Box 1980. Hobbs. NM 88240

State of New Mexico Energy, Minerais and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

DISTRICT II P.O. Drawer DD. Arlesia, NM 88210			ox 2088		7.4				
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 874	110	nta Fe. New Mo							
I	REQUEST FO	OR ALLOWAS NSPORT CIL							
JOERNO GERIDIAN OIL				025-	244	6000			
Address									
Reason(s) for Filing (Check proper po		<u> </u>		net i Please expi	ain)				
New Well	,	Transporter of:		rect Gas		er from	El Paso	Naturai	
Recommetion		Dry Gas =		o. to Sid					
Change in Operator If change of operator give name	Catinghead Gas	Condensate	Compar	ı y .					
and address or bisations obsistion.			<u></u>		· · · · · · · · · · · · · · · · · · ·	 			
IL DESCRIPTION OF WEI									
Rhodes Storage	- 1	Pool Name, includi Rhodes Ya	-	-Rivers	_	rederal of Fee	100	ase No. 130176A	
Unit Letter 5	1980	Feet From The	نے کے		980 FO	et Emm The	E	[†] ine	
9	26-S	Range 37-1	F	MPM.	Lea	et Flom The _		County	
							-	- COMMAN -	
III. DESIGNATION OF TR Name of Authorized Transporter of O	ANSPORTER OF OI			ve adaress to w	nich annemed	come of this fo	Arm it to no se		
The state of the s			Augress (C)	re (1010/ess 10 H	пист игругочей	copy of this ic	irm is io de se	ru)	
Name of Authorized Transporter of C	asinghead Gas	or Dry Gas 💢	Address (Gi	ve address to w	nich approvea	copy of this fo	rm is to be se	N.	
Sid Richardson Carbo			•	in Stree			76102		
If well produces ou or liquids,	Unit Sec		i le das actuai	iy connected?	When	WLA			
If this production is commingled with i	that from any other lease or a	76 37	ing order mar	yes	1	10/17			
IV. COMPLETION DATA	and from any other rease of p	con, give constitution	ung order nun	<u></u>		· - · · · · · · ·			
Designate Type of Complete	ion - (X)	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi. Ready to	Prod.	Total Depth		· · · · · · · · · · · · · · · · · · ·	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	evanons (DF, RKB, RT, GR, etc.) Name of Producing Formation			Pay		Tubing Dept	bing Depth		
Perforations	· , , , , , ,		<u> </u>			Depth Casin	g Shoe		
	TURING	CASING AND	CEMENT	NG RECO	SD.				
HOLE SIZE	CASING & TU		CLIVILLATI	DEPTH SET		9	ACKS CEM	ENT	
						-			
V. TEST DATA AND REQU									
OIL WELL Test must be after Date First New Oil Run To Tank	ter recovery of total volume of Date of Test	of load oil and must		r exceed top at lethod (Flow, p			or full 24 hou	rs.)	
	Date of Tex								
Length of Test	Tubing Pressure	Tubing Pressure				Choke Size			
Actual Prod. During Test	ual Prod. During Test Oil - Bbls.				 -	Gas- MCF			
GAS WELL	<u> </u>		<u>:</u>				<u>.</u>		
Actual Prod. Test - MCF/D	Length of Test	Length of Test		Bbis. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-	in)	Casing Pres	nure (Shui-in)	 	Choke Size			
	<u> </u>		1			·			
VI. OPERATOR CERTIF I hereby certify that the rules and re	egulations of the Oil Conserv	ration		OIL CO	NSERV	ATION	DIVISIO	NC	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			Data Approved			FEB 05 92			
Comi Li Malik			Dat	Date Approved					
Signature		anas Di	By_	URIGINA	NE SIGNED I	EVERVE <mark>O</mark>	SEXTON		
Connie L. Malik, Re		ance Rep. Title)					
1/22/92 Date	915-688-6891 Telep	phone No.	1						
	•	-	1.1						

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.