

DISTRIBUTION

SANTA FE

FILL

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

I.

Operator

El Paso Natural Gas Company

Address

1800 Wilco Building, Midland, Texas 79701

Reason(s) for filing (Check proper box)

Other (Please explain)

New Well

Change in Transporter of:

Storage

Recompletion

Oil

Dry Gas

Change in Ownership

Casinghead Gas

Condensate

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name

Rhodes GSU

Well No.

23

Pool Name, including location

Rhodes Yates Gas R-6891

Kind of Lease

State, Federal or Free

Federal

Location:

Unit Letter

P

Feet From The

660

East

Line and

660

Feet From The

South

Line of Section

8

Township

26-S

Range

37-E

NMPM,

Lea

County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

or Condensate

Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas

or Dry Gas

Address (Give address to which approved copy of this form is to be sent)

El Paso Natural Gas Company

P.O. Box 1492, El Paso, Texas 79978

If well produces oil or liquids, give location of tanks.

Unit

Sec.

Twp.

Rge.

Is gas actually connected?

When

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

Storage

New Well

Workover

Deepen

Plug Back

Same Res'v.

Diff. Res'v.

Date Spudded

9-17-73

Date Compl. Ready to Prod.

10-16-73

Total Depth

3290

P.B.T.D.

3290

Pool

Rhodes

Name of Producing Formation

Yates

Top Oil/Gas Pay

Tubing Depth

2754.45

Perforations

2865-3117

Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

12 1/4"

8 5/8"

637

300

7 7/8"

4 1/2"

3290

400

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

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

1,125

72 hr

light mist

--

Testing Method (pilot, back pr.)

Tubing Pressure

Casing Pressure

Choke Size

Back pr.

433

433

2 1/4"

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.

Signature

Production Clerk

October 22, 1973

(Date)

OIL CONSERVATION COMMISSION

APPROVED

19

BY

Oil Control

For D. Long

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.