| NO. OF LUPIES RECEIVED DIST RIBUTION SANTA FE FILE U.S.G.S. LAND OF FICE | STRIBUTION FE NEW MEXICO OIL CONSERVATION COMMIDS' REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL OFFICE | | | | | | |
|---|---|---|--|--|--|--|--|
| I RANSPORTER GAS GAS OPERATOR PRORATION OFFICE | - | | | | | | |
| El Paso Natural G | as Company | | | | | | |
| 1800 Wilco Buildi | ng, Midland, Texas 79 | 701 | | | | | |
| Reason(s) for filing (Check proper bo: tiew Welt | Change in Transporter of: | Other (Please explain) | | | | | |
| R-tcompletion | Cil Dry G | 15 | | | | | |
| Change in Ownership | Casinghead Gas Conde | nsate Storage | | | | | |
| If change of ownership give name and address of previous owner | | | | | | | |
| H. DESCRIPTION OF WELL AND | LEASE | | | | | | |
| Rhodes GSU | Well No. Pool Na | me, Including Formation UR-6891 | Kind of Lease | | | | |
| Location | 14 R | hodes Yates-Sk Jes | State, Federal or Fee Fee | | | | |
| Unit Letter <u>G</u> ; 2180 | Feet From The <u>East</u> Lir | ae and <u>1980</u> Feet From Ti | heNorth | | | | |
| Line of Section 9 , To | wnship 26-S Range | 37-E , NMPM, Lea | County | | | | |
| II. DESIGNATION OF TRANSPOR | TED OF OF AND NATURAL CA | 10 | | | | | |
| Name of Authorized Transporter of GI | | Address (Give uddress to which approve | ed copy of this form is to be sent) | | | | |
| Name of Authorized Transporter of Ca | singhead Gas 📄 or Dry Gas 🗙 | Address (Give address to which approve | ed copy of this form is to be sent; | | | | |
| El Paso Natural G | | P.O. Box 1492, El Paso, | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. | Is gas actually connected? When | 1 | | | | |
| • | th that from any other lease or pool, | give commingling order number: | | | | | |
| V. COMPLETION DATA | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v. | | | | |
| Designate Type of Completi | $\frac{\text{on} - (\Lambda)}{ \text{Date Compl. Ready to Prod.}}$ | Total Depth | | | | | |
| 10-5-73 | Date Compt. Neddy to Ptod. | 3110 | р.в.т.р. 3078 | | | | |
| Rhodes | Name of Producing Formation Yates | Top Oil/Gas Pay | Tubing Depth | | | | |
| Perforations | Tates | | Depth Casing Shoe | | | | |
| 2692-2999 | | CEMENTING RECORD | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | |
| 12 1/4" 7 7/8" | <u>8 5/8</u> 4 1/2 | 637 | 300 sxs 400 sxs | | | | |
| | 2 3/8 | 3110 2605,43 | | | | | |
| V TECT DATA AND DEOLEST F | | | · · · · · · | | | | |
| V. TEST DATA AND REQUEST F OIL WELL | able for this de | pth or be for full 24 hours) | | | | | |
| Date First New Cil Run To Tanks | Date of Test | Producing Method ($Flow$, pump, gas lift, | | | | | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size | | | | |
| Actual Fred. During Test | Oil-Bbls. | Water - Bbls. | Gas-MCF | | | | |
| <u> </u> | | | | | | | |
| GAS WELL | | | | | | | |
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate | | | | |
| 3590 Testing Method (pitot. back pr.) | 4 Tubing Pressure | Dry Casing Pressure | Choke Size | | | | |
| Back pr. | 424 | 457 | 2x3/8" | | | | |
| VL CERTIFICATE OF COMPLIAN | CE . | OIL CONSERVAT | TON COMMISSION | | | | |
| | regulations of the Oil Conservation with and that the information given a best of my knowledge and belief. | APPROVED BYW | Rungan_ | | | | |
| n n 1 | | This form is to be filed in co | moliance with RILE 1104 | | | | |
| C. D. Kepson | | If this is a request for allowa | He for a newly drilled or deepened | | | | |
| Production Clerk | unite) | tests taken on the well in accord | | | | | |
| (Ti | Ξμ) | | All sections of this form must be filled out completely for allow- able on new and recompleted wells. | | | | |
| November 9, 1973 (De | 10) | well name or number, or transporter | and VI only for changes of owner, f, or other such change of condition. be filed for each pool in multiply | | | | |

| Fill out Section well name or number | | | | | | | | | |
|--------------------------------------|---------|------|----|-------|-----|------|------|------|---------|
| Separate Form completed wells. | s C-104 | must | be | filed | for | each | tooq | in m | ultiply |