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FILE

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

Operator

El Paso Natural Gas Company

Address

1800 Wilco Building, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well☒

Recompletion☐

Change in Ownership☐

Change in Transporter of:

Oil☐

Casinghead Gas☐

Dry Gas☐

Condensate☐

Other (Please explain)

Storage

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name

Rhodes GSU

Lease No.

Well No.

12

Pool Name, including Formation

Rhodes Yates SR Gas

Kind of Lease

State, Federal or Fee

Federal

Location

Unit Letter

P

660

Feet From The

South

Line and

660

Feet From The

East

Line of Section

9

Township

26-S

Range

37-E

NMPM,

Lea

County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil☐ or Condensate☐

El Paso Natural Gas Company

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

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

Name of Authorized Transporter of Casinghead Gas☐ or Dry Gas☒

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

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:

VI. COMPLETION DATA

Designate Type of Completion - (X)

Oil Well☐

Gas Well☐

New Well☐

Workover☐

Deepen☐

Plug Back☐

Same Res'v.☐

Diff. Res'v.☐

Date Spudded

10/16/73

Date Compl. Ready to Prod.

11/29/73

Total Depth

3160

P.B.T.D.

3120

Elevations (DF, RKB, RT, GR, etc.)

Rhodes

Name of Producing Formation

Yates

Top Oil/Gas Pay

2741

Tubing Depth

Perforations

2833-3053

Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

12 1/4

8 5/8

639

300

7 7/8

4 1/2

3159

400

2 3/8

2745

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

5,701

Length of Test

4 hrs

Bbls. Condensate/MMCF

Gravity of Condensate

Testing Method (pitot, back pr.)

Back Pr.

Tubing Pressure

957

Casing Pressure

-----

Choke Size

3/8"

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.

C. D. Kysar

(Signature)

Production Clerk

(Title)

December 11, 1973

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

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 only Sections I, II, III, and VI 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.