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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

Operator
El Paso Natural Gas Company
Address
1800 Wilco Building, Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ Storage
If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE
Lease Name Rhodes GSU Well No. 25 Pool Name, Including Permeation Rhodes Yates *SR Gas* Kind of Lease Federal
Location
Unit Letter 0, 660 Feet From The South Line and 2180 Feet From The East
Line of Section 15, 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 ☐ 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, Tx. 79978 (Proration)
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:

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 11-11-73 Date Compl. Ready to Prod. Total Depth 3240 P.R.T.D. 3209
Pool Rhodes Name of Producing Formation Yates Top Oil/Gas Pay 2780 Tubing Depth 2860
Perforations 2938-3119 Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
12 1/4" 8 5/8" 635 300 SXS
7 7/8" 4 1/2" 3240 400 SXS
2 3/8" 2860

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 4,729 Length of Test 4 hrs. Bbls. Condensate/MMCF --- Gravity of Condensate ---
Testing Method (pilot, back pr.) Back Pr. Tubing Pressure 505 Casing Pressure 505 Choke Size 5/16"

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
(Title) December 18, 1973
(Date)
OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY *John W. Remington*
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.