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| LAND OFFICE            |            |
| TRANSPORTER            | OIL<br>GAS |
| OPERATOR               |            |
| PROBATION OFFICE       |            |

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-100  
Superseding Old C-101 and C-11  
Effective 1-1-65

Operator  
**TEXACO INC.**  
Address  
**P. O. BOX 728, HOBBS, NEW MEXICO 88240**  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE  
Lease Name **W.H. RHODES B FED NCT-2** Well No. **4** Pool Name, including Formation **RHODES YATES** Kind of Lease **State, Federal or Fee** Lease No. **LC-030174(b)**  
Location  
Unit Letter **F** : **660** Feet From The **SOUTH** Line and **660** Feet From The **EAST** Line of Section **28** Township **26-S** Range **37-E** , N.M.P.M., **LEA** County

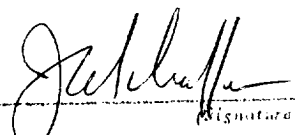
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
**TEXAS-NEW MEXICO PIPE LINE CO.** Address (Give address to which approved copy of this form is to be sent) **P. O. BOX 1510, MIDLAND, TEXAS**  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
**EL PASO NATURAL GAS CO.** Address (Give address to which approved copy of this form is to be sent) **P. O. BOX 1384, JAL, NEW MEXICO**  
If well produces oil or liquids, give location of tanks. Unit **I** Sec. **28** Twp. **26-S** Rge. **37-E** Is gas actually connected? **YES** When **2/23/78**

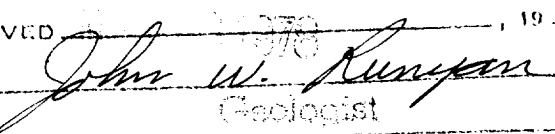
If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA  
Designate Type of Completion - (X) ☒ Oil Well ☐ Gas Well ☐ New Well ☒ Workover ☐ Deepen ☐ Plug Back ☐ Some Reatv. ☐ Full Reatv. ☐  
Date Spudded **1/19/78** Date Compl. Ready to Prod. **2/23/78** Total Depth **3450'** P.B.T.D. **3433'**  
Elevations (DF, RKB, RT, GR, etc.) **2965' (GR)** Name of Producing Formation **YATES** Top Oil/Gas Pay **3289'** Tubing Depth **3264'**  
Perforations **3289', 94', 3300', 07', 12' & 3318'** Depth Casing Shoe **3450'**  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE **12-1/4"** CASING & TUBING SIZE **8-5/8" OD 24 1/2** DEPTH SET **655** SACKS CEMENT **500**  
**7-7/8"** **5-1/2" OD 14 1/2** **3460** **950**

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead 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 **2/23/78** Date of Test **2/24/78** Producing Method (Flow, pump, gas lift, etc.) **PUMPING**  
Length of Test **24 HRS.** Tubing Pressure  Casing Pressure  Choke Size   
Actual Prod. During Test Oil-Bbls. **8** Water-Bbls. **16** Gas-MCF **6**

GAS WELL  
Actual Prod. Test-MCF/D  Length of Test  Bbls. Condensate/MCF  Gravity of Condensate   
Testing Method (pact, back pr.)  Tubing Pressure (shut-in)  Casing Pressure (shut-in)  Choke Size

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.  
  
ASSISTANT DISTRICT SUPERINTENDENT  
(Title)  
(Data)

OIL CONSERVATION COMMISSION  
APPROVED  19 **78**  
BY **John W. Runyan**  
TITLE **Geologist**  
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 average tests taken on the well in accordance with RULE 111.  
All portions of this form must be filled out completely for allowable on a new and completed well.  
Fill out only Sections I, II, III, and VI for change of name, well name or number, or transporter, or other such change of conditions.

RECEIVED

MAR 2 1978

GILBERT  
HOBBS, N. M.

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