Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico } gy, Minerals and Natural Resources Departme.

Form C-104
Revised 1-1-89
See Instructions
at Rettern of Page

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Deswer DD, Astosia, NM \$8210
DISTRICT III
1000 Rio Benzos Rd., Aziec, NM \$7410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	1	OTRA	<u>INSP</u>	<u>ORT OIL</u>	. AND NA	TURAL G	<u>4S</u>	CHA NA	<u></u> .		
Operator Texaco Exploration and Production inc.						Well API No. 30 025 28911					
Address P. O. Box 730 Hobbs, Nev	w Mexico	88240	0-252	28							
Resson(s) for Filing (Check proper box)					X Ou	et (Please expl	ein)				
New Well		Change in	Тямер	orter of:		FECTIVE 1	1-01-91				
Recognisation Dry Gas											
Change in Operator	Casingheed	Ges 🔀	•	_							
If change of operator give name Texaco Inc. P. O. Box 730 Hobbis, New Mexico 88240-2528											
IL DESCRIPTION OF WELL AND LEASE											
Lesse Name Well No. Pool Name, Include							Kind	On the 1971 - 1 an 1974		sase No.	
W H RHODES B FEDERAL NCT 2 6 RHODES YATE					S SEVEN	RIVERS		EDERAL LC030174B			
Location	. 660			er	N ITU	1880	. -		EAST	Line	
Unit LetterO	:660		. Feet P	rom The SC	OIN Lie	e and	<u></u> F	Feet From The EAST			
Section 28 Township 26S Range 37E , NMPM, LEA County									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)											
1678 New Mexico Pipeline C 1670 Broadway Deliver, Colorado 80202											
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Sid Richardson Carbon & Gasoline Co.						Address (Give address to which approved copy of this form is to be sent) 201 Main St. Ft. Worth, Texas 76102					
If well produces oil or liquids,			Twp.	Rge.	is gas actually connected?		When	When ?			
pive location of tanks.	<u> </u>	28	265		ina andra suur	YES	L	·	11/84		
If this production is commingled with that IV. COMPLETION DATA	rom may our	AL HOUSE OL	poor, gr	As consumb	rug choer man						
		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Ì	_Ĺ		I	<u> </u>	<u> </u>	<u> </u>	<u> </u>	1	
Date Spudded Date Compi. Ready					Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
								<u> </u>	-		
TUBING, CASING AND					CEMENTI	NG RECOR	D	,			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
							ļ				
								ļ			
								<u> </u>	, ,		
V. TEST DATA AND REQUES	T POD A	HOW	ARIE	·····	<u> </u>			<u> </u>			
		al valuma	ADLE: Allend	Ail and must	م مد لمسم م	exceed top allo	wahle for thi	e denth or be t	for full 24 hour	z.)	
OIL WELL (Test must be after n Date First New Oil Run To Tank	Date of Tes		9 202	VII		sthod (Flow, pu				<u> </u>	
Leagts of Test	Tubing Pressure				Casing Pressure			Choke Size			
nuel Prod. During Test Oil - Bblg.				Water - Bbls.			Gas- MCF				
Actual Prod. During Test											
GAS WELL								·	<u>. </u>		
tual Prod. Test - MCF/D Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pilot, back pr.) Tubing Pressure (Shut-in)					Cating Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC				NCE		DIL CON	ICEDIA		טואופוע	NI.	
I hereby certify that the rules and regula	tions of the (Dil Conser	vatios		'		IOEN V	ATION	DIVISIO	'IN	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved APR 3 0 '92						
- 11 A][• •			ř. ·		
Signature					By_		,,				
L.W. JOHNSON		Engr	. Ass	t	 						
Printed Name 041492		(505)			Title						
Date		Tele	phone N	ło.	11						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.