Submit 5 Copies Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240	State of New Mexico gy, Minerals and Natural Resources Depart OIL CONSERVATION DIVISION						Form C-104 Revised 1-1-89 See Instructions at Bottom of Page	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	P.O. Box 2088 Santa Fe, New Mexico 87504-2088							
DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION								
I. TO TRANSPORT OIL AND NATURAL GAS Well API No.								
TEXACO EXPLORATION & PRODUCTION INC					30 (25 31731		
Address BOX 730, HOBBS, NM 88240					*			
Reason(s) for Filing (Check proper box) New Well	Change in Transporter of:							
Recompletion	Oil Dry Gas Casinghead Gas Condensate							
Change in Operator	Casinghead Gas		·					
II. DESCRIPTION OF WELL AND LEASE								
Lease Name	Well No. Pool Name, Including Formation			State, 1	f Lease Federal or Fee	Lesse No. B-1431-3		
RHODES YATES UNIT	14 RHODES YATES 7 RIVERS STATE							
Unit Letter F							Line	
Section 27 Township	, 26S	Range 37E	, NM	PM,		LEA	County	
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil TEXAS NM PIPELINE CO Address (Give address to which approved copy of this form is to be sent) BOX 2528, HOBBS, NM 88240								
Name of Authorized Transporter of Casing SID RICHARDSON C & G C		or Dry Gas	Address (Give address to which approved cop BOX 1226 JAL,					
If well produces oil or liquids, give location of tanks.	Unit Sec. E 27	Twp. Rge. 26S 37E	is gas actually connected? When YES		? 11-20-92			
If this production is commingled with that f IV. COMPLETION DATA S	rom any other lease or	pool, give commingl	ing order numb	EH 3/1/9	3			
Designate Type of Completion	Oil Well		New Well	Workover	Deepen	Plug Back Sa	me Res'v Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
10-27-92 Elevations (DF, RKB, RT, GR, etc.)	11-13-92 Name of Producing Formation		3400 Top Oil/Gas Pay		Tubing Depth	3376		
2976' GL.	YATES 7	3116			3102 Depth Casing Shoe			
					3400			
HOLE SIZE	TUBING, CASING & TU	CEMENTING RECORD DEPTH SET			SAG			
12 1/4	8 5/8		1150		950 SX, CIRC 250 SX			
7 7/8	5 1/2		3400			850 SX	, CIRC 115 SX	
V. TEST DATA AND REQUES	T FOR ALLOW	ABLE	· · ·				6.11.24 (march)	
OIL WELL (Test must be after r Date First New Oil Run To Tank	ecovery of total volume Date of Test	of load oil and must	be equal to or a Producing Me	exceed top allow thod (Flow, pur	vable for thu np, gas lift, e	t depin or de jor ic.)	pui 24 nows.)	
11-24-92	11-25-92		PUMP		PUMP	Choke Size		
Length of Test 24	Tubing Pressure		Casing Pressure			Gas- MCF		
Actual Prod. During Test 482	Oil - Bbls. 52	Water - Bbls. 430		8				
GAS WELL						<u> </u>		
Actual Prod. Test - MCF/D	Length of Test	Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shu	Casing Pressure (Shut-in)		Choke Size				
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				OIL CONSERVATION DIVISION Date Approved				
Ju Johnson		<u></u>	By C		GNLL EV		ON	
L.W. JOHNSON ENGR ASST								
Printed Name 12-03-92		393-7191	Title.					
Date	Tel	ephone No.		RECU	KU (ADD 30 100	

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.