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

State of New Mexico Energy, Minerals and Natural Resources Deparant

Form C-104 Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 30 025 31731 **TEXACO EXPLORATION & PRODUCTION INC** Address BOX 730, HOBBS, NM 88240 Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of: X New Well Dry Gas Oil Recompletion Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of Lease State, Federal or Fee STATE Lease No. Pool Name, Including Formation Well No. Lease Name B-1431-3 RHODES YATES 7 RIVERS RHODES YATES UNIT 14 Location Line and 1521 · Feet From The W .2445 Feet From The N Line Unit Letter F LEA County Range 37E , NMPM, 26\$ 27 Section Township III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Oil XBOX 2528, HOBBS, NM 88240 TEXAS NM PIPELINE CO Address (Give address to which approved copy of this form is to be sent)

BOX 1226 JAL, NM 88252 Name of Authorized Transporter of Casinghead Gas SID RICHARDSON C & G CO X or Dry Gas [is gas actually connected? When? Twp. Rge. Unit If well produces oil or liquids, Sec. 26S | 37E 11-20-92 27 YES Ε give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Diff Res'v Plug Back Same Res'v New Well | Workover Deepen Gas Well Oil Well Designate Type of Completion - (X) X Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded 3400 3376 11-13-92 10-27-92 Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) 3102 YATES 7 RIVERS 3116 2976' GL Depth Casing Shoe Perforations 3400 3116-3346 TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE **DEPTH SET** HOLE SIZE 950 SX, CIRC 250 SX 1150 8 5/8 12 1/4 850 SX, CIRC 115 SX 3400 5 1/2 7 7/8 V. TEST DATA AND REQUEST FOR ALLOWABLE (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.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test 11-25-92 Date First New Oil Run To Tank **PUMP** 11-24-92 Choke Size Casing Pressure **Tubing Pressure** Length of Test 24 Gas- MCF Water - Bbls. Oil - Bbls. Actual Prod. During Test R 430 52 482 **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test - MCF/D Length of Test Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation DEC 04'92 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 _ 47KC John ≤e ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR Signature L.W. JOHNSON **ENGR ASST** Title

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.

Title.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

505-393-7191

Telephone No.

- 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.

Printed Name

Date

12-03-92