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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

## State of New Mexico Energy, Minerals and Natural Resources Department

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

63180

DISTRICT III 1000 Rio Brazos Rd., Azlec, NM 87410	REQ					AUTHORI					
. TO TRANSPORT OIL AND NATURAL GAS								Well API No.			
Operator TEXACO E & P INC							30 025 31732				
								720 01702			
Address	^										
BOX 730, HOBBS, NM 8824 Reason(s) for Filing (Check proper box)	<u> </u>		<del></del>		Oth	et (Please expl	ain)				
New Well		Change in	Transpor	ter of:		•	•				
Recompletion	Oil		Dry Gar								
Change in Operator	Casinghe	ad Gas	Conden	_							
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LE	EASE									
ease Name Well No. Pool Name, Includi					ng Formation Kind o			of Lease No. Federal or Fee P. 0500_1			
RHODES YATES UNIT	1										
Location											
Unit Letter C	:1295		_ Feet From The N		Line and 1357 ·		Fe	Feet From The W		Line	
Section 27 Township 26S Range 37E					, NMPM,			LEA County			
III. DESIGNATION OF TRAI	NSPORT	ER OF O	IL AN	D NATU	RAL GAS				- <u>-</u>		
Name of Authorized Transporter of Oil	X	or Conde			Address (Giv		-	copy of this form		nt)	
TEXAS NM PIPELINE CO		BOX 2528, HOBBS, NM 88240									
Name of Authorized Transporter of Casil /SID RICHARDSON C & G	<u> </u>			copy of this form is to be sent) L, NM 88252							
If well produces oil or liquids, give location of tanks.	Unit Sec. E 27		Twp. 26S	Rge.   37E	1 -	is gas actually connected? YES		When 7			
If this production is commingled with that	from any o	ther lease or	pool, giv	e comming	ing order num	ber	40.00				
IV. COMPLETION DATA	SID RÍC	HARDS	SONG	ASOL	INE CO.	- Eff. 3/1	/93			·	
Designate Type of Completion		Oil Wel		as Well	New Well	Workover	Deepen	Plug Back Sa	ime Res'v	Diff Res'v	
Date Spudded			o Prod.		Total Depth	<u> </u>	1	P.B.T.D.		<u></u>	
10-20-92	Date Co.	Date Compl. Ready to Prod. 11-08-92				3400		3327			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
2975' GL YATES 7 RIVERS						3106			3075		
Perforations	<del></del>				<u> </u>		<del></del>	Depth Casing S	Shoe		
		3106-	-3326						3400		
		TUBING	CASIN	IG AND	CEMENTI	NG RECOR	D				
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
12 1/4		8 5/8				1140	<u></u>	950 SX, CIRC 250 SX			
7 7/8		5 1/2			3400			1010 SX, CIRC 116 SX			
								ļ		<del> </del>	
					<u> </u>			<u> </u>	<del></del>		
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABLE						CH 24 L	\	
OIL WELL (Test must be after	Date of T		of load o	oil and must	be equal to or	exceed top all	owable for the	t depin or be jor	jui 24 nou	73.)	
Date First New Oil Run To Tank	Producing Method (Flow, pump, gas lift, etc.) PUMP										
11-04-92		11-12-	<u> </u>		Casing Press	ure		Choke Size	·		
Length of Test	Tubing P	TESSUIC									
24 Actual Prod. During Test	Oil Bu	Oil - Bbls.						Gas- MCF			
Actual Prod. During Test 285	Ou - Boll	96				189			15		
					<u> </u>	<del> </del>					
GAS WELL		1.6			16G. A .	ALLAN TAR		Gravity of Con	deneste		
Actual Prod. Test - MCF/D	Length of	i Test			Bbis. Conder	IMIC/MINICP		GIAVRY OF COL	- Custon		
	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
sting Method (pitot, back pr.)  Tubing Pressure (Shut-in)											
			D. T. T.		<del></del>			.1			
VI. OPERATOR CERTIFIC				ICE	(	200 110	NSFRV.	ATION D	IVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					DEC 01'92						
Division have been complied with and is true and complete to the best of my	i mat me im knowledge	and belief.	CH MOOVE					DEC	0 T 9Z		
Control of the control of the control of the					Date	Approve	ea			<del></del>	
T+3x(), 0,						OBIGIALA	NA				
Signature Company						By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR					
Signature L.W. JOHNSON		EN	R ASS	T		<b>≥</b> R	UZ I ISmire	PERVISOR	•		
Printed Name		E0-	Title	101	Title						
11-30-92			393-7		EOD.	RECO	חם	NIY	Ar	R 30 10	
Date		.I.ej	ephone N	ĸ.		アログ	NU U	A design	M	オンサー	

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.