

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240  
  
DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210  
  
DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department  
**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

Operator TEXACO E & P INC		Well API No. 30 025 31732
Address BOX 730, HOBBS, NM 88240		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name RHODES YATES UNIT	Well No. 16	Pool Name, Including Formation RHODES YATES 7 RIVERS	Kind of Lease State, Federal or Fee STATE	Lease No. B-8580-1
Location Unit Letter C : 1295 Feet From The N Line and 1357 Feet From The W Line Section 27 Township 26S Range 37E , NMPM, LEA County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil TEXAS NM PIPELINE CO <input checked="" type="checkbox"/>	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) BOX 2528, HOBBS, NM 88240				
Name of Authorized Transporter of Casinghead Gas SID RICHARDSON C & G CO <input checked="" type="checkbox"/>	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) BOX 1226 JAL, NM 88252				
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 27	Twp. 26S	Rge. 37E	Is gas actually connected? YES	When ? 11-20-92

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

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10-20-92	Date Compl. Ready to Prod. 11-08-92		Total Depth 3400		P.B.T.D. 3327			
Elevations (DF, RKB, RT, GR, etc.) 2975' GL	Name of Producing Formation YATES 7 RIVERS		Top Oil/Gas Pay 3106		Tubing Depth 3075			
Perforations 3106-3326					Depth Casing Shoe 3400			
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE 12 1/4	CASING & TUBING SIZE 8 5/8		DEPTH SET 1140		SACKS CEMENT 950 SX, CIRC 250 SX			
7 7/8	5 1/2		3400		1010 SX, CIRC 116 SX			

**V. TEST DATA AND REQUEST FOR ALLOWABLE**

**OIL WELL** (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.)

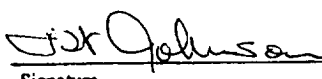
Date First New Oil Run To Tank 11-04-92	Date of Test 11-12-92	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 285	Oil - Bbls. 96	Water - Bbls. 189	Gas- MCF 15

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	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.

  
Signature L.W. JOHNSON ENGR ASST  
Printed Name 11-30-92 Title 505-393-7191  
Date Telephone No.

**OIL CONSERVATION DIVISION**

DEC 01 '92

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

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.
- 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.