

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

Operator TEXACO EXPLORATION & PRODUCTION INC	Well API No. 30-025-31757
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. 15	Pool Name, Including Formation RHODES YATES 7 RIVERS	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM-25741
Location Unit Letter K : 1516' Feet From The SOUTH Line and 1453' Feet From The WEST Line Section 27 Township 26-S Range 37-E, NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> 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 Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> SID RICHARDSON C & G CO	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? 11-21-92

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

IV. COMPLETION DATA SID RICHARDSON GASOLINE CO. - Eff. 3/1/93

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 11-03-92	Date Compl. Ready to Prod. 11-28-92		Total Depth 3440'		P.B.T.D. 3352'			
Elevations (DF, RKB, RT, GR, etc.) 2976' GL	Name of Producing Formation Rhodes Yates 7 Rivers		Top Oil/Gas Pay 3161'		Tubing Depth 3131'			
Perforations 3161'-3343'					Depth Casing Shoe 3440'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 8-5/8"		DEPTH SET 1190'		SACKS CEMENT 950 SX, CIRC 160 SX			
7-7/8"	5-1/2"		3440'		735 SX, CIRC 116 SX			
	2-7/8"		3131'					

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.)

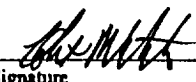
Date First New Oil Run To Tank 11-20-92	Date of Test 12-13-92	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 523	Oil - Bbls. 49	Water - Bbls. 474	Gas - MCF 29

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 
Robert McNaughton Prod. Engineer
Printed Name Title
12-17-92 505-397-0428
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 18 '92

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

FOR RECORD ONLY APR 30 1993

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.

RECEIVED

APR 28 1993

OCD HOBBS CT