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 Deps nt

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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Operator									Well API No.			
TEXACO EXPLORATION & PRODUCTION INC									30-025-31757			
Address								<del></del>		<del></del>	· · · · · · · · · · · · · · · · · · ·	
BOX 730, HOBBS,	NM 88240	)										
Reason(s) for Filing (Che		Ou	Other (Please explain)									
New Well												
Recompletion												
Change in Operator		Casinghe	ad Gas	Conden	state							
If change of operator give and address of previous op	name perator										<del></del>	
II. DESCRIPTION OF WELL AND LEASE												
Lease Name		Well No.	Pool Na	me, Includ	ing Formation			of Lease Federal or Fe	_   -	ease No.		
RHODES YATES		15	RHOD	ES YATE	S 7 RIVER	S		FEDERAL		25741		
Location  K 1516' - SOUTH 1453' - WEST												
Unit Letter K: 1516' Feet From The SOUTH Line and 1453' Feet From The WEST										Line		
Section	27 Township	, 2	6-5	Range	37-E	, N	мрм,		LEA		County	
						D						
III. DESIGNATION												
Name of Authorized Transporter of Oil TEXAS NM PIPELINE CO Or Condensate						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 X or Dry Gas 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 liqu	Unit	Sec.	Twp.	Rge.	is gas actually connected?		When			<del></del>		
give location of tanks.		E	27	265	37E	<u> </u>	YES		11	-21-92		
If this production is commit IV. COMPLETION		rom any oth	er lease or	pool, give	e comming!	ing order num	ber:		<del></del>			
Designate Type of	· · · · · · · · · · · · · · · · · · ·	· (X)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		<u> </u>	pl. Ready to	Prod.		Total Depth	I	<u> </u>	P.B.T.D.	l	<del></del>	
11-03-92	11–28–92					3440'			3352'			
Elevations (DF, RKB, RT, 2976' G	Name of Producing Formation Rhodes Yates 7 Rivers				Top Oil/Gas Pay 3161'			Tubing Depth 3131'				
Perforations						<u> </u>	3101		Depth Casin		·· <del>····</del>	
3161'-3343'									3440'			
TUBING, CASING ANI					G AND	CEMENTING RECORD						
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
12-1/4"		8-5/8"				1190'			950 SX, CIRC 160 SX			
7-7/8"		5-1/2"				3440'			735 SX, CIRC 116 SX			
•		2-7/8"				3131'						
	1000000	7 <del>6</del> 6 7 1	T T OXY									
). TEST DATA AN IL WELL (Test	ID REQUES must be after re				l and must	he equal to on	eread top allo	wahla far thi	a danih an ha i	fan fill 9d Lain	-a 1	
Date First New Oil Run To		Date of Tes		oj ioua oi	unu ması		shod (Flow, pu			or juit 24 now	3.7	
11-20-92		12-13-92				PUMP						
ength of Test	Tubing Pressure				Casing Pressure			Choke Size				
24 Actual Prod. During Test	0.1 10.1				Water - Bbls.			Gas- MCF				
523	Oil - Bbls. 49				474			29				
GAS WELL									· <del></del>		<del></del>	
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condens	mte/MMCF		Gravity of Condensate				
osting Method (pitot, back pr.)  Tubing Pressure (Sh			ssure (Shut-	·in)		Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFICATE OF COMPLIANCE							OIL CON	SERV		חוצוט	·M	
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above								021117		_		
is true and complete to the best of my knowledge and belief.						Date Approved			NF	C 1 8 '92	<u>'</u>	
H. 4111		p.p. 0100										
Signature						By ORIGINAL SIGNED BY JULIAY SEXTON						
Signature Robert McNaughton Prod. Engineer						BIGTRON L SUPERVISOR						
Printed Name Title 12-17-92 505-397-0428						Title_			<del></del>			
Date Telephone No.									- <del></del>			
						l						

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.