

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

63188

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

**I.**

Operator TEXACO E & P INC	Well API No. 30 025 31764
Address BOX 730, HOBBS, NM 88240	
Reason(s) for Filing (Check proper box) <input checked="" 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"/> <i>Change lease name from W.H. Rhodes B NCT-10</i>	
If change of operator give name and address of previous operator _____	

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name W.H. RHODES B FED NCT-1	Well No. 20	Pool Name, Including Formation RHODES YATES 7 RIVERS	Kind of Lease State, Federal or Fee Federal	Lease No. LC- 030174B
Location Unit Letter <u>I</u> : <u>1420'</u> Feet From The <u>South</u> Line and <u>10'</u> Feet From The <u>East</u> Line Section <u>27</u> Township <u>26-S</u> Range <u>37-E</u> , 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 G	Sec. 27	Twp. 26S	Rge. 37E	Is gas actually connected? YES	When? 12-08-92

If this production is commingled with that from any other lease or pool, give commingling order number:  
**SID RICHARDSON GASOLINE CO. - Eff. 3/1/93**

**IV. COMPLETION DATA**

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 11-10-92	Date Compl. Ready to Prod. 12-11-92		Total Depth 3400'		P.B.T.D. 3309'			
Elevations (DF, RKB, RT, GR, etc.) 2980' GL	Name of Producing Formation Rhodes Yates 7 Rivers		Top Oil/Gas Pay 3116'		Tubing Depth 3048'			
Perforations 3116'-3290'					Depth Casing Shoe 3400'			
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		1150'		950 SX, CIRC 120 SX			
7-7/8"	5-1/2"		3400'		1080 SX, DNC; 400 SX down backside to surf.			
	2-7/8"		3048'					

**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 12-11-92	Date of Test 12-22-92	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 592	Oil - Bbls. 61	Water - Bbls. 531	Gas-MCF 13

**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.

*Robert McNaughton*  
 Signature  
 Robert McNaughton  
 Printed Name  
 1-05-92  
 Date

Prod. Engineer  
 Title  
 505-397-0428  
 Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved \_\_\_\_\_

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.