

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 <u>EXPL & Prod FNC</u> <u>TEXACO E&P INC</u>	Well API No. 30 025 31765
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: <u>Change lease name from W.H. Rhodes B NCT-1</u> 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 W.H. RHODES B FED NCT-1	Well No. 21	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>1543'</u> Feet From The <u>South</u> Line and <u>1093'</u> Feet From The <u>East</u> Line Section <u>27</u> Township <u>26-S</u> Range <u>37-E</u> , <u>NMPM</u> , <u>LEA</u> 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 G	Sec. 27	Twp. 26S	Rge. 37E	Is gas actually connected? YES	When ? 12-06-92

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 11-16-92	Date Compl. Ready to Prod. 12-04-92		Total Depth 3400'		P.B.T.D. 3337'			
Elevations (DF, RKB, RT, GR, etc.) 2974' GL	Name of Producing Formation Rhodes Yates 7 Rivers		Top Oil/Gas Pay 3134'		Tubing Depth 3090'			
Perforations 3134'-3317'					Depth Casing Shoe 3400'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		1150'		950 SX, CIRC 260 SX			
7-7/8"	5-1/2"		3400'		775 SX, CIRC 10 SX			
	2-7/8"		3090'					

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 12-06-92	Date of Test 12-12-92	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 472	Oil - Bbls. 141	Water - Bbls. 331	Gas- MCF 64

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
12-17-92
Date
Prod. Engineer
Title
505-397-0428
Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 18 '92

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 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.