

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator TEXACO EXPLORATION & PRODUCTION INC		Well API No. 30 025 32096	
Address P.O. BOX 730, HOBBS, NM 88240			
New Well	<input checked="" type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Other (Please explain)	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas
Change in Operator	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate

If change of operator give name and address
of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Rhodes NCT Coop Fed Com-1	Well No. 2	Pool Name, Including Formation Rhodes Yates 7 Rivers	Kind of Lease State, Federal or Fee Federal	Lease No. LC-030174B
Location Unit Letter <u>G</u> : <u>2310</u> Feet From The <u>N</u> Line and <u>2310</u> Feet From The <u>E</u> Line Section <u>27</u> Township <u>26S</u> Range <u>37E</u> NMPM <u>Lea</u> COUNTY				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Texas NM Pipeline Co	<input checked="" type="checkbox"/> Oil <input type="checkbox"/> Condensate	Address (Give address to which approved copy of this form is to be sent) PO Box 2528, Hobbs, NM 88240				
Name of Authorized Transporter of Sid Richardson C & G Co	<input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas	Address (Give address to which approved copy of this form is to be sent) PO Box 1226, Jal, NM 88252				
If Well Produces oil or liquids, give location of tanks	Unit	Sec.	Twp.	Rge.	Is gas actually connected? Yes	When? 1/11/94

If this production is commingling 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 12/14/93	Date Compl. Ready to Prod. 1/11/94		Total Depth 3400'		P.B.T.D 3350'			
Elevations (DF, RKB, RT, GR, etc.) GR-2977, KB-2987	Name of Producing Formation Yates		Top Oil/Gas Pay 3208'		Tubing Depth 3139'			
Perforations 3208-3230' ; 4JSPI, 88 holes					Depth Casing Shoe 3400'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING and TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		1120		650, circ 160			
7 7/8	5 1/2		3400		1000, circ 194			

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 a full 24 hours.)

Date First New Oil Run To Tank 1/4/94	Date of Test 1/15/94	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 148	Water - Bbls. 367	Gas - MCF 25

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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
Larry W. Johnson
Engr Asst
Printed Name
1/26/94
Title
397-0426
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 31 1994
By ORIGINAL SIGNED BY JERRY SEXTON
Title DISTRICT I SUPERVISOR

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 IV for changes in operator, well name or number, transporter, or other such changes
- 4) Sepreate Form C-104 must be filed for each pool in multiply completed wells.

SAD