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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico ergy, Minerals and Natural Resources Departs.

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe. New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210		Sa	nta Fo		ox 2088 exico 87 <i>5</i> 0	4-2088					
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 I.						AUTHORIZ TURAL GA					
Operator							Well A	Well API No.			
TEXACO E & P INC							30	025 320	97		
BOX 730, HOBBS, NM 88240	I				Orbi	er (Please expla	in)				
Reason(s) for Filing (Check proper box) New Well		Change in	Transp	orter of:		n (1 10me enhan	 ,				
Recompletion	Oil Dry Gas										
Change in Operator	Casinghea	d Gas 🔲	Conde	amte 🗌			<u></u>				
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	ANDLE	ASE									
Lease Name	Well No. Pool Name, Include			ng Formation King			of Lease No. Federal or Fee Lease No.				
W.H. RHODES & FED NCT-1	23 RHODES YA		DES YATE	S 7 RIVER	<u>s</u>		deral LC-030174B				
Location Unit LetterE	: 2583 Feet From The N Line and 55 Feet From The W							w	Line		
Section 26 Township 26-S Range 37-E , NMPM, LEA County											
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	ID NATU	RAL GAS						
Name of Authorized Transporter of Oil 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 Casing SID RICHARDSON # G C	o				 			L, NM 88252			
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 27	Twp. 265	Rge. 37E	is gas actually	y connected? YES	When		-01-93		
If this production is commingled with that if	<u> </u>		L		<u> </u>				<u> </u>		
IV. COMPLETION DATA											
Designate Type of Completion		Oil Well X	i_	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
09-19-93	10-03-93				3375' Top Oil/Gas Pay			3338'			
Elevations (DF, RKB, RT, GR, etc.) GL=2984, KB=2994	Name of Producing Formation Rhodes Yates 7 Rivers				3178'			Tubing Depth 3072'			
Perforations 3178'-3206'								Depth Casing Shoe 3375'			
	CEMENTI	NG RECOR	D	<u> </u>							
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			 	SACKS CEM		
12-1/4"	8-5/8"				1090'				SX, CIRC 2		
7–7/8"	5-1/2"				3375'			900	SX, CIRC 2	231 SX	
	2-7/8"				3072'						
V. TEST DATA AND REQUES	T FOR A	LLOWA	ABLE								
OIL WELL (Test must be after re			of load	oil and must					or full 24 hou	rs.)	
Date First New Oil Run To Tank 10-03-93	Date of Test 10-10-93				Producing Me	ethod (Flow, pu	πρ, gas iyi, e PUMP	ic.j			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
24											
Actual Prod. During Test 529	Oil - Bbls.				Water - Bbls. 479			Gas- MCF			
	1				1			 			
GAS WELL Actual Prod. Test - MCF/D Length of Test					Bbls. Condensate/MMCF			Gravity of C	Gravity of Condensate		
Annual Long Long - Michiga											
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Press.	ire (Shut-ia)		Choke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE					OIL CONCEDIATION DIVIDION						
I hereby certify that the rules and regulations of the Oil Conservation					(OIL CONSERVATION DIVISION					
Division have been complied with and t is true and complete to the best of my k			en abov	e	Date	Approved	<u> </u>	2 0 199	3		
Took all						TO THE REPORT OF THE PARTY OF T					
Signature					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
L.W. Johnson Printed Name	Engr Asst Title										
10-15-93		505-3		7191	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.

Telephone No.

- 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.

OP

Date