State of New Mexico

Submit 5 copies to Appropriate District Office

DISTRICT I

Operator

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

Livergy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| Form C-104 |
|------------------|
| Revised 1-1-89 |
| See Instructions |
| at Bottom of Pag |

Well API No.

| TEXACO EXP | LORATION | & PRODU | CTION I | VC | | | | | 3 | 30 025 32098 | | |
|--|--|------------------------------|-------------|-----------|----------------------------------|--|-----------------|----------------|--|---------------------------|--------------|--|
| Address P.O. BOX 730 | HOBBS, I | NM 88240 | | | | | | | | | | |
| New Well | ⊠ Ch | Change in Transporter of: | | | | | □ ∘ | ther (Please e | xplain) | | | |
| Recompletion | Oil | Oil Dry Gas | | | | | | • | - | | | |
| Change in Operator | Ca | Casinghead Gas Condensate | | | | | | | | | | |
| change of operator give name and address previous operator | | | | | | | | | | | | |
| II. DESCRIPTION OF WEL | L AND LEA | SE | | | | | | | | - | | |
| Lease Name | | Well No. Pool Name, Includ | | | | ing romation | | | of Lesse State, Federal or Fee Lease No. | | | |
| W.H. Rhodes B Fed NCT-1 Location | | 24 Rhodes Yates 7 R | | | | Rivers Fed | | | d LC-030174B | | | |
| ľ | н | _:13 | 75 <u> </u> | Feet Fro | om The | NLin | e and <u>95</u> | Feet | From The | L | .ine | |
| Section 27 Township 26S Range 37E NMPM Lea COUNTY | | | | | | | | | | | YTNUC | |
| III. DESIGNATION OF TRA | NSPORTE | R OF OIL A | ND NAT | URAL C | SAS | | | · | | | | |
| Name of Authorized Transporter of Oil Condensate Address (Give address to which approved copy of this form is to be sent) | | | | | | | | | | | | |
| Tex NM Pipeline Co | | | | | | PO Box 252 | 28, Hobbs, N | M 88240 | | | | |
| Name of Authorized Transporter of Casinghead Gas Dry Gas | | | | | | Address (Give address to which approved copy of this form is to be sent) | | | | | | |
| Sid Richardson C & G Co If Well Produces oil or liquid | Unit | Unit Sec. Twp. Rge. | | | | 26, Jal, NM 8 | | n? | | | | |
| give location of tanks | G 27 26S | | | 37E | Yes | | | 10/31/ | 93 | | | |
| If this production is commingle | d with that fr | om any other | lease or p | ool, give | commingling | g order numbe | r: | | | | | |
| IV. COMPLETION DATA | | | | | Con Mail | New Well | Workover | 1 | | 1 | | |
| Designate Type of Com | X) Oil Well X | | eli | Gas Well | X X | VVOIKOVEI | Deepen | Plug Back | Same Res'v | Diff Res'v | | |
| Date Spudded 9/25/93 | Date Compl. Ready to Prod. | | | | Total Depth | | | P.B.T.D | | | | |
| 9/25/93 9/29/93 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | | | | | Top Oil/Gas | 3196 Pay | | Tubing Depth | | | |
| GL-2987 Yates | | | | | | | 3196 | | 3189 | | | |
| Perforations 3196-3212 | | | | | | | | | Depth Casin | Depth Casing Shoe 3325 | | |
| | | | TUBING | , CAS | ING AND | CEMENTI | NG RECOR | lD. | | | | |
| HOLE SIZE | | | | | | DEPTH SET | | | SACKS CEMENT | | | |
| 7 7/8 | | 8 5/8 5 1/2 | | | | 1050 | | | 650, circ 87 | | | |
| 7 176 | | 3 1/2 | | | | 3325 | | | 900, circ 155 | | | |
| | | | | | | | | | | | | |
| V. TEST DATA AND REQUE OIL WELL (Test mu | | | | ne of loa | d oil and m | et he equal t | o or exceed to | on allowable f | for this denth | or be a full 24 h | acure \ | |
| Date First New Oil Run To Tan | | Date of Test | | | a on and m | , | ethod (Flow, p | | | or be a run 24 r | 10015.) | |
| 10/31/93 | | | | 11/3/94 | | | | | | Pump | | |
| Length of Test 24 hr | | Tubing Pressure | | | | Casing Pressure | | | Choke Size | | | |
| Actual Prod. During Test | ial Prod. During Test Oil - Bbts. | | | | | Water - Bbls. 443 | | | Gas - MCF 6 | | | |
| GAS WELL | ! | | | | | <u> </u> | | | ,-1 | | | |
| 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 | | | | | | 1 | | 7 | | | | |
| 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. | | | | | OIL CONSERVATION DIVISION | | | | | | | |
| Signature | <u>, </u> | | | | | ∥ _{Dete} | Approximat | Fr | [[0 [] | 334 | | |
| Larry W. Johnson Engr Asst | | | | | CRICINAL CICAIED BY JERRY SEXTON | | | | | | | |
| Printed Name Title | | | | | By DISTRICT I SUPERVISOR | | | | | | | |
| 397-0420 | | | | | | Title | | <u></u> | | | | |
| Date | | Tele | ephone No | | | | | | | | | |

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 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.

