## Submit 5 copies to Appropriate District Office <u>DISTRICT I</u>

State of New Mexico

E. Jy, Minerals and Natural Resources Department

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

**DISTRICT II** P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

P.O. Box 1980, Hobbs, NM 88240

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator TEXACO EXPLORATION & PRODUCTION INC						Well API No.			
Address	ION & PRODUCTION INC					3	0 025 32099		
P.O. BOX 730, HOBB	S, NM 88240								
New Well	Change in Transporter of:	Other (Please explain)							
Recompletion	Oil	Dry Gas							
Change in Operator	Casinghead Gas	Condensate	• 🗆						
if change of operator give name and address of previous operator									
II. DESCRIPTION OF WELL AND E	LEASE								
Lease Name W.H. Rhodes B Fed NCT-1	10/01	Pool Name, Includ Rhodes Yates 7 F	•		Fed	of Lease State, Fede derai		No. C-030174B	
Location Unit Letter A	. : 1156 Feet	t From The	N Line	1155 and <u>1158</u>		From The E	1	ine	
						MPM Lea COUNTY			
Section 27	Township 26S	5	Range	0/E	_ NMPM		Lea_CO	UNIY	
III. DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURA	AL GAS							
Name of Authorized Transporter of Tex NM Pipeline Co	Oil 🛛 C	Condensate	1		• •	copy of this for	n is to be sent)		
ame of Authorized Transporter of Casinghead Gas Dry Gas			PO Box 2528, Hobbs, NM 88240 Address (Give address to which approved copy of this form is to be sent)						
Sid Richardson C & G Co				6, Jal, NM 88					
If Well Produces oil or liquids, give location of tanks	Unit Sec. Tw	.   -	Is gas actual	lly connected	? Wher	17 10/24/	93		
If this production is commingled with the		<del></del>	I	•		10/2-4	<del>9</del>		
IV. COMPLETION DATA	,	gg	<b>y</b>	·				<del></del>	
Designate Type of Completion	n - (X) Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod	l.	Total Depth			P.B.T.D	1	<u>, , , , , , , , , , , , , , , , , , , </u>	
10/26/93 Elevations (DF, RKB, RT, GR, etc.)	10/27/93  Name of Producing Formation		3350 Top Oil/Gas Pay			3297 Tubing Depth			
GL-2981 Yates		3154			3144				
Perforations 3154-3180						Depth Casing	Shoe 3350		
	TUBING, CASING AND		CEMENTING RECORD						
HOLE SIZE	CASING and TUBING SIZE		DEPTH SET			SACKS CEMENT			
12 1/4	8 5/8		1075			650, circ 135			
7 7/8	5 1/2		3350			800, circ 37			
			-				· 1		
V. TEST DATA AND REQUEST FOOIL WELL (Test must be after	OR ALLOWABLE ter recovery of total volume of	f load oil and mu	ust be equal to	or exceed to	p allowable fo	or this depth o	or be a full 24 h	ours.)	
ate First New Oil Run To Tank Date of Test			Producing Method (Flow, pump, gas lift, etc.)						
10/24/93 Length of Test	11/27/93 Tubing Pressure		Casing Pressure			Pump Choke Size			
24 hr Actual Prod. During Test	Oil - Bbls.		Water - Bbis.			Gas - MCF			
	18		594			30			
GAS WELL			<u> </u>		·	,			
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 I hereby certify that the rules and regulations Division have been complied with and that th is true and complete to the best of my knowledge.	s of the Oil Conservation he information given above			OIL CO	ONSERV		DIVISION		
Signature Signature			Fig. 38 1934						
Larry W. Johnson Engr Asst			Date Approved						
Printed Name	• • • • • • • • • • • • • • • • • • • •			By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR					
2/7/94	397-0426		Title						
Date	Telephone No.		7						

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.

Form C-104

Revised 1-1-89 See Instructions

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