

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Texaco Exploration & Production Inc		Well API No. 30 025 32100
Address Box 730, Hobbs, NM 88240		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
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. 28	Pool Name, Including Formation RHODES YATES 7 RIVERS	Kind of Lease State, Federal or Fee Federal	Lease No. LC-030174B
Location Unit Letter K : 2589 Feet From The S Line and 1416 Feet From The W Line Section 26 Township 26-S Range 37-E, NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> 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 Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> SID RICHARDSON C & G CO	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? 11-11-93

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 10-11-93	Date Compl. Ready to Prod. 11-12-93		Total Depth 3325'		P.B.T.D. 3320'			
Elevations (DF, RKB, RT, GR, etc.) GL=2990, KB=3000	Name of Producing Formation Rhodes Yates 7 Rivers		Top Oil/Gas Pay 3212'		Tubing Depth 3020'			
Perforations 3212'-3232'					Depth Casing Shoe 3325'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		1050'		650 SX, CIRC 73 SX			
7-7/8"	5-1/2"		3325'		800 SX, CIRC 17 SX			
	2-7/8"		3020'					

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 11-13-93	Date of Test 11-20-93	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 341	Oil - Bbls. 14	Water - Bbls. 327	Gas- MCF 8

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.


Signature L.W. Johnson Engr Asst
Printed Name 11-30-93 Title 505-393-7191
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 02 1993

By 
Orig. Signed by Paul Kautz
Title Genl. Mgr.

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.

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