Submit 5 copies to Appropriate District Office

y, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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 P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator				Well API No. 30 025 32126						
TEXACO EXPLORATION	N & PRODUCTION IN	C				30	025 32126			
P.O. BOX 730, HOBBS, I	NM 88240									
New Well	Change in Transporter of: Oil Dry Gas			Other (Please explain)						
Recompletion Oil		Deale Name Change Drown wo Khades ted B								
Change in Operator Ca	asinghead Gas	Condensate		T.	nom la	SH RH	colou to	2d A 1		
If change of operator give name and address of previous operator	***) (Ot a < D		NOT-	1		
II. DESCRIPTION OF WELL AND LEA	ASE Well No.	Pool Name, Includ	ling Formation		Kind of	Lease State, Feder	alor Fee Lease	No.		
Lease Name Rhodes NCT Coop Fed Com-1	3	Rhodes Yates Se	-		Fed	eral	LC	-030174B		
Location										
Unit Letter B	: <u>1155</u> F	eet From The	N_Line	and <u>2376</u>	Feet F	rom The E	Li	ine		
Section 27	Township	26S	Range:	37E	_NMPM		Lea CO	UNTY		
III. DESIGNATION OF TRANSPORTE			1	11 . 1		anu af this form	n in to be cent)			
Name of Authorized Transporter of		Condensate	1			opy of this for	n is to be sent)			
	THE POSITION OF THE POSITION O				O Box 2528, Hobbs, NM 88240 ddress (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Sid Richardson C & G Co	Address (Give address to which approximately 2 × 8 4 1 3 5) PO Box 1226, Jal, NM 88252					a copy of time form to to be sortly				
If Well Produces oil or liquids,	Unit Sec. Twp. Rge. Is gas actually connected									
give location of tanks	G 27	26S 37E	Yes			1/15/	94			
If this production is commingled with that t	from any other lease or p	ool, give comminglin	g order numbe	•						
	1-34841	5 0		Workover		Diva Rook	Sama Bashi	Diff Death		
Designate Type of Completion -	(X) Oil W	eli Gas Well	New Well X	AAOLKOAGI	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready to		Total Depth	3400		P.B.T.D	3356			
12/20/93 1/15/94 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Tubing Depti	Fubing Depth			
GR-2981, KB-2991	Yates			3196			3159	1611		
Perforations						Depth Casing	="			
3196-3220	TUDING	CASING AND	CEMENTI	IG PECOR	<u> </u>		3400			
11015 0175	TUBING, CASING AND CASING and TUBING SIZE		DEPTH SET			SACKS CEMENT				
HOLE SIZE	8 5/8		1115			650, circ 130				
7 7/8	5 1/2		3400			900, circ 140				
7 770										
					<u></u>					
V. TEST DATA AND REQUEST FO	R ALLOWABLE					41.141.				
	recovery of total volum	ne of load oil and m					or be a full 24 i	nours.)		
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pump, gas lift, etc			c.) Pump				
1/5/94 Length of Test	1/19/94 Tubing Pressure		Casing Pressure			Choke Size				
24 hr	03 504		Water - Bbls			Gas - MCF				
Actual Prod. During Test	Oil - Bbls. 110		328			26				
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF			Gravity of Condensate					
Testing Method (pitot, back pr.)	Tubing Pressure (Shut	Casing Pressure (Shut-in)			Choke Size					
VI. OPERATOR CERTIFICATE OF	COMPLIANCE									
I hereby certify that the rules and regulations o Division have been complied with and that the is true and complete to the best of my knowled	of the Oil Conservation information given above			OIL C	ONSER	/ATION	DIVISION	1		
oluser						FEB 01	1994			
Signature			Date	Approved						
Larry W. Johnson	Engr Asst									
Printed Name	Title		By_	- ORI	OINAL SIGI	VED BY JE	RRY SEXTO	<u></u>		
1/28/94	397-0426		Title		DISTRIC	T I SUPER	/ISOR	<u> </u>		
Date	Telephone N	lo.		•						

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.

DeSoto/Nichols 12-93 Ver 1.0

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