

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

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator TEXACO EXPLORATION & PRODUCTION INC		Well API No. 30 025 32357	
Address P.O. BOX 730, HOBBS, NM 88240			
New Well	<input checked="" type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Other (Please explain)	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas
Change in Operator	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate

If change of operator give name and address
of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Rhodes NOT Yates Coop Fed Com-2	Well No. 1	Pool Name, Including Formation Rhodes Yates 7 Rivers	Kind of Lease State, Federal or Fee Federal State	Lease No. B-1431
Location Unit Letter <u>E</u> : <u>2551</u> Feet From The <u>N</u> Line and <u>44</u> Feet From The <u>W</u> Line Section <u>27</u> Township <u>26S</u> Range <u>37E</u> NMPM <u>Lea</u> COUNTY				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Tex NM Pipeline Co	Oil <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO Box 2528, Hobbs, NM 88240		
Name of Authorized Transporter of Sid Richardson C & G Co	Casinghead Gas <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO Box 1226, Jal, NM 88252		
If Well Produces oil or liquids, give location of tanks	Unit E	Sec. 27	Twp. 26S	Rge. 37E
Is gas actually connected?		When?		
Yes		1/15/94		

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 12/26/94	Date Compl. Ready to Prod. 1/24/94		Total Depth 3475		P.B.T.D 3417			
Elevations (DF, RKB, RT, GR, etc.) GR-2969, KB-2979	Name of Producing Formation Yates 7R		Top Oil/Gas Pay 3264		Tubing Depth 3221			
Perforations 3264-3294					Depth Casing Shoe 3475			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING and TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		700		500, circ 150			
7 7/8	5 1/2		3475		900, circ 75			

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 a full 24 hours.)

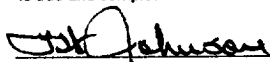
Date First New Oil Run To Tank 1/13/94	Date of Test 1/30/94	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hr	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 62	Water - Bbls. 427	Gas - MCF 14

GAS WELL

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

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

Larry W. Johnson

Engr Asst

Printed Name

2/7/94

Title

397-0426

Date

Telephone No.

OIL CONSERVATION DIVISION

FEB 03 1994

Date Approved

By **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR

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.
- 3) Fill out only sections I, II, III, and VI for changes in 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.