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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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	TO.	TRANS	SPO	RT OIL	AND NA	TURAL GA		<b>5.</b>		<del></del>	
Operator Texaco Exploration and Production Inc. Well / 30								039 22784			
Address											
3300 North Butler Farming  Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator	gton, New M  Char  Oil  Casinghead Gas	nge in Tra		er of:	_	er (Please explai FECTIVE 6-			·		
If change of operator give name Toya	co Preduciro	n Inc.	3	300 Nor	th Butler	Farming	iton. New	Mexico	87401		
and andress of previous operator		9 11101				· arring	ion, nev	MCXICQ	<u> </u>	<del></del>	
E. DESCRIPTION OF WELL AND LEASE  Lease Name  C W ROBERTS  Well No. Pool Name, Including LINDRITH GALL  Coation								CLease Lease No. Federal or Fee 625530			
Unit LetterE	:1660	Fe	et Fro	m The NO	RTH Lin	e and820	Fe	et From The	WEST	Line	
Section 18 Township	<sub>p</sub> 25N	Ra	nge	3W	, N	мрм,	RIC	ARRIBA	<del>-</del> .	County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate Of Condensate Of Oil Or Condensate Of Oil								289			
Name of Authorized Transporter of Casinghead Gas or Dry Gas X  Texaco Exploration and Production Inc					Address (Give address to which approved copy of this form is to be sent)  3300 North Butler Farmington, New Mexico 87401						
well produces oil or liquids, Unit Sec. Twp. Rge. location of tanks. J 18 25N 3W					Is gas actually connected? When ? YES 04/14/82						
If this production is commingled with that	from any other les	se or poo	al, give	comming	ing order num	ber:	<del></del>				
IV. COMPLETION DATA  Designate Type of Completion		Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations					L			Depth Casing Shoe			
		DIG. 6	4 CD	(C. 4)(D)	CTEN CENTER	NC DECOR					
UOLE SIZE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
NOLE SIZE	HOLE SIZE CASING & TOBING SIZE										
V. TEST DATA AND REQUES	ST FOR ALL	OWAB	LE								
OIL WELL (Test must be after t	recovery of total w	olume of l	load o	il and must	be equal to or	exceed top allo	wable for thi	s depth or be	for full 24 hou	74)·	
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, pump, gas lift, e						
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas-MCF			
GAS WELL					<u> </u>			i Verter			
Actual Prod. Test - MCF/D	Length of Test	Length of Test			Bbls. Condensate/MMCF			Gravity II Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Press	ure (Shut-in)		Choke Size			
VI. OPERATOR CERTIFIC  I hereby certify that the rules and regul  Division have been complied with and is true and complete to the best of my	lations of the Oil ( that the informati	Conservati on given :	aoi	CE		OIL CON		ATION MAY 2		N	
Z.M. Willew					3-1) d.						
Signature K. M. Miller Div. Opers. Engr.					SUPERVISOR DISTRICT #2						
Printed Name Title April 25, 1991 915–688–4834									<del></del>		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

- 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.