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

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

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQU	JEST FO	OR AL	LOWAB	LE AND	AUTHORIZ	ZATION				
TO TRANSPORT OIL AND NATURAL GAS  Well A								PI No.			
Texaco Exploration and Production Inc.						30 0			45 06773		
Address  3300 North Butler Farming  Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator	Oil Casinghes	W Mexic		nter of:		es (Please expla FECTIVE 6-	•	, , , , , , , , , , , , , , , , , , , ,			
		indian inc			rth Butler	Farming	ton, New	/ Mexico 8	37401		
I. DESCRIPTION OF WELL A	TION OF WELL AND LEASE Well No.   Pool Name, Includi					ng Formation Kind of State, F			ederal or Fee 079840		
BURROUGHS COM B  Location  Unit Letter M	990	<u> </u>		om The SO		e and1150		et From The V	VEST	Line	
Section 02 Township 27N Range 9W					, NMPM, SAI			N JUAN	N JUAN County		
II. DESIGNATION OF TRANS		or Conden	nexte		Address (Giv	e address to wh					
ame of Authorized Transporter of Casinghead Gas or Dry Gas X  El Paso Natural Gas Company					Address (Give address to which approved copy of this form is to be sent)  P. O. Box 990 Farmington, NM 87499						
If well produces oil or liquids, give location of tanks.	Unit 	Sec.	Twp	Rge.	YES			7 UNKNOWN			
this production is commingled with that f V. COMPLETION DATA	rom any ot						Deeper	Plug Back	Same Per'y	Diff Res'v	
Designate Type of Completion -	· (X)	Oil Well	1 1	Gas Well	New Well	Workover	Deepen	Plug Back  -	Same Res v	I Resv	
Date Spudded		pl. Ready to	o Prod.		Total Depth	1,	1	P.B.T.D.	- <u>-</u>		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth	Tubing Depth		
Perforations	<u> </u>				<u> </u>			Depth Casing	Shoe		
	··	TIBING	CASI	NG AND	CEMENTI	NG RECOR	D				
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
HOLE SIZE		10									
			4 D V D						- (iii		
V. TEST DATA AND REQUES	T FOR	ALLOW	ABLE	ail and muse	he equal to o	r exceed top all	owable for th	is depth or	Laur .	ors.)	
OIL WELL (Test must be after re Date First New Oil Run To Tank	covery of total volume of load oil and must Date of Test				Producing Medical (Film, pump. 8				ر من الماري الماريات		
Length of Test	Tubing Pressure				Casing Pressure			Choke By 1922			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
	<u> </u>				·		<del>-</del>	10 012	•		
GAS WELL Actual Prod. Test - MCF/D	Length of	Test			Bbis. Coade	nsate/MMCF		Gravity of C	ondensate		
ACOM FIG. 164 - NICEPE	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
Testing Method (pitot, back pr.)	Tubing P	ressure (Shu	A·顷)		Casting Free		!			-	
VI. OPERATOR CERTIFIC  I hereby certify that the rules and regulative been complied with and	ations of th that the inf	e Oil Conse ormation giv	avation.			OIL CON		ATION I		NC	
is true and complete to the best of my l		MINI DELICI.			[]	e Approve	ea		100	1	
Signature  K. M. Miller		Div. O	pers. I	Engr.	By_			( المندة	0		
Printed Name April 25, 1991		915-	Title -688–4	1834	Title			PERVISO	RDIST	ICT /3	

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.

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.