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

State of New Mexico rgy, Minerals and Natural Resources Departme.

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

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

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

I.	1	O TRA	NSP	ORT OIL	<u>. AND NA</u>	TURAL GA		·			
Operator Texaco Exploration and Production Inc.							Well API No. 30 025 07504				
Address P. O. Box 730 Hobbs, Ne	w Mexico	88240	0-252	>8							
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator		Change in		orter of:	-	er (Please explo FECTIVE 6	-		······································		
If change of operator give name and address of previous operator Texa	co Produ	cing Ind	c.	P. O. Bo	x 730	Hobbs, Ne	w Mexico	88240-	2528		
II. DESCRIPTION OF WELL Lease Name		SE Well No.	Dool N	Jama Jashudi	an Formation		Kind	of Lease		esse No.	
CLARA FOWLER	4 BOWERS SEVEN RIVERS					.		Federal or Fe	2419		
Location Unit LetterF	: 2290 Feet From The NORTH Line and 2310							Seet From The WEST Line			
Section 31 Townshi	p 18	S	Range	285 3	g , N	мрм,		LEA		County	
III. DESIGNATION OF TRAN	SPORTE	OF O	IL AN	D NATU			· · · · · · · · · · · · · · · · · · ·				
Name of Authorized Transporter of Oil Shell Pipeline Corporation						Address (Give address to which approved copy of this form is to be sent) P. O. Box 2648 Houston, Texas 77252 Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas EFFROTIVE: Discount of Casinghead Gas Cogpy Gas Corpo					HAPOG P	laza Office	Bldg. B	artlesville, Oklahoma 74004			
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 31	Twp. 185	Rge.	•	y connected? YES	When	•	IKNOWN		
If this production is commingled with that IV. COMPLETION DATA	from any othe	r lease or	pool, gi	ve commingl	ing order num	ber:		·· ·			
Designate Type of Completion	- (X)	Oil Well	T	Gas 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								Depth Casing Shoe			
TUBING, CASING AND					CEMENTI		D				
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
V. TEST DATA AND REQUES	T FOD A	HOWA	ARIE			····					
OIL WELL (Test must be after r	ecovery of total	al volume			,				for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL	l										
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 CERTIFIC I hereby certify that the rules and regular Division have been complied with and	ations of the C	Dil Consen nation give	vation			DIL CON	-				
is true and complete to the best of my knowledge and belief. H. Miller					Date Approved						
Signature K. M. Miller Div. Opers. Engr. Printed Name Title					By State Sta						
May 7, 1991		915-6 Tele			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
- 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.