Submit 5 Copies
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
TO TRANSPORT OIL AND NATURAL GAS

perator								Well API No.					
Texaco Exploration and Production Inc.								30-025-05922					
Address													
P.O. Box 730 Hobbs. N	<u>lew Mex</u>	<u>ico 88</u>	3240-	-2528	X Oth	er (Please ex	mlain)						
Reason(s) for Filing (Check proper box) New Well	EFFECTIVE 6-1-91												
Recompletion	Oil	Change in	Dry G		E.F.	FECTIVE	, 0-1-3	7 1					
Change in Operator	Casinghead	Gas 🗌	Conde										
f change of operator give name	aco And	veing	loc.	P.O.	Box 73) Hob	bs, Ne	ew N	lexico 8	88240-25	28		
I. DESCRIPTION OF WELL			<i></i>										
Lease Name VIDOR	e Name Well No. Pool Name, Includir						ng Formation Kind of State, 1				of Lease No. Federal or Fee		
Location			,	7.1	1/ 1	A.	dies			<i>[</i>	 		
Unit Letter	. : <i></i>	180 <u> </u>	Feet I	From The	Yor YZ Lin	e and	060	Fe	et From The	£45/	Line		
<u>ح</u>	20.5			27	<u>-</u>	MPM,				104	County		
Section Township	200		Range	<u> </u>	, N	viPivi,				~~7	County		
III. DESIGNATION OF TRANS				ND NATU	RAL GAS	e address to	which app	roved	copy of this f	form is to be se	ent)		
Texas New Rexic	Name of Authorized Transporter of Oil or Condensate					Box	2528)	10665		88240		
Name of Authorized Transporter of Casing		Y)		y Gas	Address (Give address to which approved			roved	copy of this form is to be sent)				
Walren Petroleum	COCD.	بهب			1 P.D.	Box	1583		Tulsa,	OK :	74102		
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actuali		?	When	?	11 1			
give location of tanks.	131	_5_	<u>120</u>			<u>ং</u> ১				(/) -	 		
If this production is commingled with that f	rom any oth	er lease or	pool, g	ive commingl	ing order num	ber:					<u></u>		
IV. COMPLETION DATA		Oil Well	1 1	Gas Well	New Well	Workover	Dee	pen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion	- (X)		i			İ	i			<u>i</u>	_ii		
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			
1 01.0.1													
		UBING,	, CAS	ING AND	CEMENT	NG REC	ORD						
HOLE SIZE	CA	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
									-				
									 				
V. TEST DATA AND REQUES	T FOR A	LLOW	ABL	E	<u> </u>								
OIL WELL (Test must be after r	ecovery of to	stal volume	of loa	d oil and musi	be equal to o	exceed top	allowable	for thi	s depth or be	for full 24 hou	urs.)		
Date First New Oil Run To Tank	Date of Te				Producing M	lethod (Flow	, pump, ga	s lift, d	etc.)				
				Cosina Parazza				Choke Size					
Length of Test	Tubing Pre	Tubing Pressure			Casing Pressure				Choke Size				
A sust Band During Test	ctual Prod. During Test Oil - Bbls.				Water - Bbls.				Gas- MCF				
Actual Frod. During Test													
GAS WELL							<u></u>						
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					
					٠								
VI. OPERATOR CERTIFIC							NSE	RV	ATION	DIVISIO	NC		
I hereby certify that the rules and regul	lations of the	Oil Conse	ervation	l Na) 10 L						
Division have been complied with and is true and complete to the best of my	knowledge a	nd belief.	ACH SIX	J+6	Det	a Annra	vod		JUN	0 3 199	Ţ		
	•				Dat	e Appro	veu				<u>.</u>		
M Chamar					ll p.	OPIC	NAI CIC	NET	o (Coronario)				
Signature					11 -	By ORIGINAL SIGNED BY CHARLES AND DISTRICT I SUPERVISOR							
M.C. Duncan	Eng	ineer'	S AS		II	ž.,							
Printed Name 7-8-91		ર	9307		little	<u> </u>			·				
7-8-91 Date			lephon								_		

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 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.