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

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

#### State of New Mexico Ent 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 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. 30 025 10583 OK Texaco Exploration and Production Inc. Address Hobbs, New Mexico 88240-2528 P. O. Box 730 X Other (Please explain) Reason(s) for Filing (Check proper box) EFFECTIVE 6-1-91 Change in Transporter of: New Well  $\bar{\Box}$ Dry Gas Recompletion Oil X Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator Texaco Producing Inc. P. O. Box 730 Hobbs, New Mexico 88240-2528 II. DESCRIPTION OF WELL AND LEASE Pool Name, Including Formation

LANGLIE MATTIX 7 RVRS Q GRAYBURG

Kind of Lesse
State, Federal or Fee
FEE Lease No. Well No. | Pool Name, Including Formation Lease Na 685270 SKELLY PENROSE A UNIT 2 Location 660 Feet From The WEST Feet From The SOUTH Line and 1980 Line Unit Letter \_ LEA Section 34 Range 37E 225 County . NMPM. Township III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate INJECTOR Address (Give address to which approved copy of this form is to be sent) or Dry Gas \_\_\_\_ Name of Authorized Transporter of Casinghead Gas **INJECTOR** When ? Rge. Is gas actually connected? If well produces oil or liquids, give location of tanks. Twp. 1 Unit Sec. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA New Well Workover Deepen Plug Back Same Res'v Gas Well Oil Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded Too Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD SACKS CEMENT **DEPTH SET** CASING & TUBING SIZE HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE (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 for full 24 hours.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls. **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test - MCF/D Length of Test Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above Date Approved \_\_\_\_\_\_\_\_\_ 1941 is true and complete to the best of my knowledge and belief. Original by Paul Kautz By \_\_ Geologist Signature Div. Opers. Engr. K. M. Miller Title Title\_ May 7, 1991 915-688-4834

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.

#### STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

	***	
DISTRIBUTE	DN	
BANTA PE		
PILE		
U.B.Q.B.		
LAND OFFICE		
TRANSPORTER	DIL	
	BAL	
OPERATOR		
PROBATION OFFICE		

# OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Formal 06-01-83 Page 1

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

	AUTHORIZATION TO TRANSP	OKT OIL AND HATOMAL SIG	
<u>.                                    </u>			
Operator		•	
TEXACO Producing Inc.			
Address			
P. O. Box 728, Hobbs, Nev	N Mexico 88240		
Resson(s) for filing (Check proper box)		Other (Please explain) Change of Operator from Getty	to
New Well	Change in Transporter of:	TEXACO Producing Inc.12/31/	84
Recompletion	Oti Dr	y Gas TEXACO Froducing inc. 12/31/	•
X Change in Ownership	Casinghead Gas Co	ondensate	
D Change in Contracting			
If change of ownership give name			
and address of previous owner			
<b></b>			
II. DESCRIPTION OF WELL AND I	Well No.   Pool Name, Including Fo	ormation   Kind of Lease   Fee	Lease No
Lease Name		tix 7-Riv.Que em., Federal or Fee	
Skelly Penrose "A"Unit	2 Langite Mac	· ·	
Location	0b	660 Feet From The East W	lest
Unit Letter 7 : 1980	Feet From The South Lin	se and Feet From The	<u></u>
ORDI LUTTON	-	<b>.</b>	County
Line of Section 34 Towns	hip 22S Range	37Е , ммрм, Lea	
Cine of Section			
III. DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL	L GAS	to be read!
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is	10 00 10
Injection	_		
	chead Gas or Dry Gas	Address (Give address to which approved copy of this form is	to be sens;
Name of Authorized Transporter of Casing	111500 COD CO CO		
1	Intl. Sec. Twp. Rgs.	Is gas actually connected? When	
If well produces oil or liquids,	Init Sec. Twp. Rde.	1	
dive location of tanks.			
If this production is commingled with	that from any other lease or pool,	give commingling order number:	
NOTE: Complete Parts IV and V	on reverse side if necessary.		
		OIL CONSERVATION DIVISION	
VI. CERTIFICATE OF COMPLIANCE	CE		0.5
I hereby certify that the rules and regulations	of the Oil Conservation Division have	APPROVED June 1,	-, 19 <u>- 85 -</u>
been complied with and that the information	given is true and complete to the best of	1 Comment of the	
my knowledge and belief.		11 01	
my knowledge and bessel		DISTRICT 1 SUFERVISOR	
,		TITLE	
w.B. h		This form is to be filed in compliance with AU	LE 1104.
W.D. W.		I a service for allowable for a newly dri	illed or deepen.
Signatu		If we are down must be accompanied by a (apulation	I Of fue gearers.
• =		Il tests taken on the well in accordance with RULE	1111
_ District Operations Mana		All sections of this form must be filled out com- able on new and recompleted wells.	bracara to, erro.
(Tule)		Fill out only Sections I. II. III. and VI for ch	nanges of owne
March 27, 1985		well name or number, or transporter, or other such cha	inge of condition
(Date)	,	Separate Forms C-104 must be filed for each	pool in multip
·		completed wells.	•

1.	STATE  G.S.  DOFFICE  THANSPORTER OIL  GAS  OPERATOR  PROBATION OFFICE  Operator		CONSCRIMATION COMS FOR ALL OWARDE AND ANSPORT OIL AND I		Dea, Corpo Supers de la Officiale et a AS	
	Getty Oil Company Address					Polit Menupheral Management
	P. O. Box 1351, Midlan Reason(s) for filing (Check proper box New Woll Recompletion Change in Ownership X		oil Comp	il Compan	y merged with	Getty
	If change of ownership give name and address of previous owner	Skelly Oil Company, P.	0. Box 1351, N	Midland, T	exas 79702	
H.	DESCRIPTION OF WELL AND Lease Name Skelly Penrose "A" Uni	Well No. Pool Name, Including F	Formation Kind of Leas  e-Mattix State, Federa		60000	
	Unit Letter \$\mathbb{Z}, 198	30 Feet From The <u>SOUTH</u> Lir	ne and 660	Feet From T	he <del>- 15-9-57-</del> 2	vest.
	7 5.7	- 0	37-E , NMPM		Lea	County
M.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	AS .			The second secon
	None of Authorized Transporter of Oil  None - Input		Address (Give address t	o which approv	ed copy of this form is	to be sent)
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address t	o which approv	ed copy of this form is	to be sen!)
	If well produces oil or liquids, give location of tanks,	Unit Sec. Twp. Rge.	Is gas actually connecte	When	n	
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling order	number	enterente de contra propriè par la propriè de la proprière de la propriè de la proprière della proprière de la proprière della proprière de la proprière della proprière della proprière de la proprière de la proprière de la proprière de la propr	
	Designate Type of Completion		New Well Workover	Deepen	Plug Back Same fie	sty, DMI, Resty
	Date Spudded	Date Cample 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		
	UOL C CLTE	TUBING, CASING, AND	<del></del>		CACKE CE	2. 2 fm 4 1 mm
	HOLE SIZE	CASING & TUBING SIZE	DEPTH S		SACKS CE	MENT
٧.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume		nd must be equal to or	exceed top allow-
	OIL WEXL Date First New Oil Run To Tanks	Date of Tost	pth or be for full 24 hours Producing Method (Flow		, Eic.)	and the house recommendation (No. 1), these physicistics are recom-
	Longth of Test	Tubing Pressure	Casing Pressure		Choke Size	
	Actual Prod. During Tost	Oil-Bbls.	Water-Bbls.		Con-MCF	
			1			
	GAS WELL, Actual Frod. Test-MCF/D	Longth of Test	Bhis. Condensate/MMCF	•	Gravity of Condensate	,
	Testing Muthod (pitot, back pr.)	Tubing Freezure (Shut-in)	Cosing Pressure (Shut-	·in)	Choke Size	
ί <b>Ι.</b>	CERTIFICATE OF COMPLIANC	35		-n 1111	LON COMMISSIO	
I hereby destify that the rules end regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		FEB 11 19// Original Section 19  BY Jerry Section  Bist 1, Supv.				
(SIGNED) LELAND FRANZ  (Signature) Leland Franz District Projection Manager (Tale) February 1, 1977 (Date)			This form is to	to filed in co	mpHance with aut	
			If this is a request for allowable for a newly diffied or despend well, this form must be accompared by a tabulation of the deviation tags relien on the well is accordance with muce 111.  All pactions of this form must be tilled out completely for allowable on new and recompared wells.  Fill out only fractions I, II, it, rot VI for changes of owner,			
			well true of number, as remaparted of other nuch change of condition.			

CIL TO LOSSIA. N. M.