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

State of New Mexico gy, Minerals and Natural Resources Departme

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., Aziec, NM \$7410

DISTRICT II P.O. Drawer DD, Antesia, NM \$8210

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

4		IUIN	MINOL	UNI UI	C WIND IAN	TONA	L GAS						
Operator Texaco Exploration and Production Inc.								Well API No. 30 025 12156					
Address								1 00	020 1210				
P. O. Box 730 Hobbs, Ne	w Mexico	8824	0-252	8	N/1 0			 					
Reason(s) for Filing (Check proper box) New Well		Change is	a Transco	neter of		her (<i>Please</i> EEECTIV	: <i>explain)</i> /E 10-0	1_01					
Recompletion	Oil		Dry G		_		- 10-0	1-31					
Change in Operator	Casinghea	d Gas 🗵	Conde	nante 🔲	1								
If change of operator give name and address of previous operator	co Inc.	P. 0.	Box	780	lobbs, Ne	w Mexi	co 882	40-2	5 28- >				
II. DESCRIPTION OF WELL	AND LE		Doct M	lama Jaskud	ion Franctica		· · · · · · · · · · · · · · · · · · ·	T Vind	of 1 ann				
					INKARD ABO, SOUTH				Kind of Lease State, Federal or Fee FEDERAL LC0321		Lesse No. 32104		
Location			1-11-1			<u>, 0001</u>	<u>''</u>	TEEDI	ERAL				
Unit LetterE	: 2310 Feet From The				ORTH Line and 330				Feet From The WEST Line				
Section 29 Townsh	38E	, NMPM,				LEA County							
III. DESIGNATION OF TRAN	SPORTE			D NATU									
Name of Authorized Transporter of Oil Texas New Mexico Pipeline	c 🖾	or Conde	nsale						copy of this pover, Colo				
Name of Authorized Transporter of Casin	ghead Gas	X	or Dry	Gas 🗍									
Texaco Exploration		nd Production Inc.				P. O. Box 1137 Eu				roved copy of this form is to be sent) unice, New Mexico 88231			
If well produces oil or liquids, give location of tanks.	Unit Sec.		Twp. Rge 225 38E		is gas actually connected? YES			When ?					
If this production is commingled with that					ling order num		N #	\ <u>#</u>	130	/30/86			
IV. COMPLETION DATA							- CC - / / /				•		
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workov	er D	eepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready to Prod.					I			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth					
Perforations						Depth Casing Shoe							
									Copin Casti	R 2004			
		CEMENTING RECORD											
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT				
							···						
										 			
V. TEST DATA AND REQUES	TEODA		DIE										
		-		il and must	be equal to or	exceed to	allowable	for this	denth on he f	ion full 24 ha	uma 1		
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 - Bblg.					Water - Rbis				Gas- MCF				
	Oil - Boil.				Wate - Doia				OL MCI				
GAS WELL										•			
Actual Prod. Test - MCF/D	Length of To	ei			Bbls. Conden	ate/MMC	F		Gravity of C	ondensate			
esting Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size				
W ORDRIATION CO.								÷			45		
/I. OPERATOR CERTIFICA				CE	ا ر	oll CC	NSE	RVΔ	TION		γN.		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION								
is true and complete to the best of my h	nowledge and	belief.			Date	Appro	ved _		APR 2	9 '92			
_ Oth Ophisa					ļ ,	• •		GNF	D BY RA	Y SMI			
Signature L.W. JOHNSON Engr. Asst.					By ORIGINAL SIGNED BY RAY SMITH								
Printed Name			Title		Title_			:					
04-14-92 Date		(505) 3 Telep	93-71 hone No.		1	······································							

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.

APR 2 / 1992