Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico En , Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instruction m of Page

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTAICT II P.O. Drawer DD, Anesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator Texaco Exploration and Production Inc. 30 025 02258 OK P. O. Box 730 Hobbs, New Mexico 88240-2528 X Other (Please explain) Reason(s) for Filing (Check proper box) EFFECTIVE 6-1-91 New Well Change in Transporter of: $\bar{\Box}$ Dry Gas \Box Recompletion Oil X Casinghead Gas X 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 Well No. Pool Name, Including Formation Kind of Lease Lease No. Lease Name State, Federal or Fee STATE 857948 VACUUM GRAYBURG SAN ANDRES VACUUM GRAYBURG SAN ANDRES U 10 Location Feet From The SOUTH Line and 660 Feet From The WEST Line Unit Letter ___ LEA Range 34E 185 , NMPM, County Township Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS or Condensate Name of Authorized Transporter of Oil
Texas New Mexico Pipeline C Address (Give address to which approved copy of this form is to be sent) 1670 Broadway Denver, Colorado 80202 Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) TXT or Dry Gas ____ Texaco Exploration and Production Inc. Twp. Rge. is gas actually connected? P. O. Box 1137 Eunice, New Mexico 88231 If well produces oil or liquids, Unit Sec. Twp. When? give location of tanks. F | 2 05/01/69 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Too Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD SACKS CEMENT 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 Date First New Oil Run To Tank Producing Method (Flow, pump, gas lift, etc.) Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Gas- MCF Water - Bbis. Actual Prod. During Test Oil - Bbls. **GAS WELL** Gravity of Condensate Rhis Condensate/MMCF Length of Test Actual Prod. Test - MCF/D Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VL 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 is true and complete to the best of my knowledge and belief. Date Approved _ CRCPAD FOR Signature Div. Opers. Engr. K. M. Miller Title Printed Name May 7, 1991 915-688-4834 Telephone No.

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.
- 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.