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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Ariesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TR	ANSP	ORT O	IL AND NA	TURAL G	AS			
Operator Texaco Exploration and Production Inc. Well API No. 30 025 20510										
Address			(30	025 20510	-}					
	New Mexico	8824	0-252	8						
Reason(s) for Filing (Check proper box	t)	Channa is	· ~			her (Please expl		:050 D		
Recompletion	Change in Transporter of: 9-1-92 R-9710 CHANGES BATTERY LOCATION, Oil Dry Gas LEASE & WELL # FROM CONOCO STATE H-35 #8									
Change in Operator	Casinghea				-	LACE & WE	LL # FAC	M CONOCO S	IAIEH	i-35 ∓ 8
If change of pagetter sive same	noco Inc. F				Now Mo	wies 00040				
· ·			, 400,	, nobbs	, New Me	XICO 88240				
	II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Inclu						W:-	of Lease		
VACUUM GLORIETA WEST UNIT 57 VACUUM GL					_			t, Federal or Fee D 2406		
Location			1				STA	<u> </u>		
Unit LetterA	:760		_ Feet Fro	om The No	ORTH Lin	e and510) · F	eet From The EA	ST	Line
Section 35 Township 17S Range 34E					,N	мрм,		LEA County		
III. DESIGNATION OF TRA	NSPORTE	POFO	TI ANT	NATT	IDAI GAS	:				
Name of Authorized Transporter of Oil		or Conder			Address (Giv			l copy of this form		
Texas New Mexico Pipelin	е	[%]						s, New Mexi		
Name of Authorized Transporter of Cas GPM GAS CORPORATION	Gas	Address (Give address to which approved copy of this form is to be sent) 4044 PENBROOK AVENUE ODESSA, TEXAS 79762								
If well produces oil or liquids, give location of tanks.	, .			Rge.	Is gas actually connected?			When ?		
	C	36	178	34E	<u> </u>	YES		10-7	7-63	
If this production is commingled with the IV. COMPLETION DATA	at from any other	r lease or	pool, give	comming	ling order numi	ber:	<u> </u>	****		· · · · · · · · · · · · · · · · · · ·
Designate Type of Completion - (X)		Oil Well	G	s Well	New Well	Workover	Deepen	Plug Back Sar	me Res'v	Diff Res'v
Date Spudded		Date Compl. Ready to			Total Depth		·	P.B.T.D.		
					<u> </u>		_			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				ation Top Oil/Gas Pay		Pay	Tubi		bing Depth	
Perforations								Depth Casing Shoe		
	77	IDDIC	CACINI	CAND	CEL CLASS	IO PEGODA		<u> </u>		
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE				NG RECURI DEPTH SET	<u> </u>	1	140.0014	
	- OAS	OASING & TOBING SIZE			DEF IN SET			SACKS CEMENT		
							······	l		
. TEST DATA AND REQUE	ST FOR AL	LOWA	RIF							
				and must	be equal to or i	exceed top allow	uable for this	denth or he for fi	ill 24 kora)
Date First New Oil Run To Tank		t be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)								
ength of Test					G D			Choke Size		
augui or rea	Tubing Pressure				Casing Pressur	TE .		Choke Size		
ual Prod. During Test Oil - Bbls.					Water - Bbls.	*		Gas- MCF		
~	<u> </u>		 -			···				
GAS WELL Actual Prod. Test - MCF/D	11 2 11 - 2 11 - 2				50 A					
saud Front Test - MICP/D	Length of Te	u			Bbls. Condens	ate/MMCF		Gravity of Conde	Beate	
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
L OPERATOR CERTIFIC	ATE OF C	OMPI	JANC	·E	<u> </u>					
I hereby certify that the rules and regul	ations of the Oi	Conserva	tion		0	IL CONS	SERVA	ID NOIT	/ISIO	N
Division have been complied with and is true and complete to the best of my	that the informa	tion given	above		ļ			SEN 1 6 mg	,	
to due and complete to the test of my	mowleage and	DELICI.			Date A	Approved		SEP 1 0 '93	<u>.</u>	
M. (Armer						-				
Signature					By ORIGINAL SIGNED BY JESSY SEXTON					
M. C. Duncan Engr. Asst. Printed Name Title					DISTRICT I SUPERVISOR					
9-1-92 505-393-7191					Title_					
Date		Teleph	one No.	— II						

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.