

TO TRANSPORT OIL AND NATURAL GAS

Operator Texaco Producing Inc.		Well API No. 3002505630
Address Po P.O. Box 730 Hobbs, N.M. 88240		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> <input type="checkbox"/> Other (Please explain)		
If change of operator give name and address of previous operator: _____		

II. DESCRIPTION OF WELL AND LEASE

Lease Name American National Keohane Co	Well No. 1	Pool Name, Including Formation Eumont Yates Seven Rivers On	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location Unit Letter C : 660 Feet From The North Line and 2200 Feet From The West Line Section 18 Township 19S Range 37E , NMPM Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Texaco Producing/NNG	Address (Give address to which approved copy of this form is to be sent) BOX 1137 Eunice, N.M./ Box 2267 Midland, TX.			
If well produces oil or liquids, give location of tests.	Unit	Sec.	Twp.	Rgn.
				Is gas actually connected? Yes
				When? 1-21-91
If this production is commingled with that from any other lease or pool, give commingling order number: _____				

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
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		
Performances						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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.)

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 - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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.

M.C. Duncan
 Signature
M.C. Duncan Engineer's Assistant
 Printed Name
2-11-91 Date
393-7191 Telephone No.

OIL CONSERVATION DIVISION

Date Approved **FEB 21 1991**

By **CELESTINE W. SEXTON**
DATE AND TITLE REQUIRED

Title _____

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.