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

State of New Mexico Lacryy, Minerals and Natural Resources Departme.

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

1000 Rio Brazos Rd., Aztec, NM I.	87410 REC	QUEST TO TI	FOR.	ALLOW PORT	ABLE AN	D AUTHO	RIZATI	NO				
Operator Texaco Exploration and Production Inc.						MIDIAL		Well API No.		· · · · · · · · · · · · · · · · · · ·		
Address			1	30 025 99065 0563								
P. O. Box 730 Hobbs	B, New Mexic	co 882	40-25	28			<u>-</u>		<u> </u>	<u></u>		
Reason(s) for Filing (Check proper	box)				X	Other (Please ex	glain)					
Recompletion	Oil	Change		porter of:	_	EFFECTIVE	6-1-91		*			
Change in Operator		ead Gas	ન Dry (J 1							
If change of operator give name	Texaco Inc.		D. Box	720	J							
II. DESCRIPTION OF W			J. DUX	730	HODDS, N	ew Mexico	88240	-2528				
B M KEOHANE B Well No. Pool Name, Is					uding Formation	<u> </u>	70	ind of Lease				
Location RECHANGE	1 EUNICE M				NUMENT (G-SA)			tate, Federal or 1	Fee 387	Lease No. 7850		
Unit Letter B	:_ <i>6</i>	60	Feet F	rom The	Worth u	ne and 19	8 D	Feet From The	C -1 -1			
Section 18 To	wnship 1	98		37E		IMPM,		LEA	cas			
II. DESIGNATION OF TINAME of Authorized Transporter of	RANSPORTE	R OF C	IL AN	D NATI	URAL GAS					Coun		
Texas New Mexico Pipeline Co. X or Concessio					Address (Give address to which approved comy of this form is to be and							
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Warren Petroleum Corporation					Address (Give address to which approved come of this feet							
Well produces oil or limide		I I lair la				J. DOX 1309			Tulsa, Oklahoma 74102			
ve location of tanks.	i Bi	18	Twp. 198	Rge 37E	. 8	y connected?	W	ien ?	NKNOWN	<u> </u>		
this production is commingled with COMPLETION DATA	triat from any other	er lease or	pool, giv	e comming	ling order num	ber:		0	AVMOMA			
Designate Type of Complete	ion - (X)	Oil Well		as Well	New Well	Workover	Deepen	Plug Book	Same Res'v	·		
nte Spudded	Date Compl	. Ready to	Prod.		Total Depth	L	<u></u>		Same Kes'v	Diff Rea		
evations (DF, RKB, RT, GR, etc.)					1			P.B.T.D.				
Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth				
TOTALLONS				··	L			Depth Casin	g Shoe			
	TT	JBING (CASIN	G AND	CE) (E) Pro	10 5===			,.			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				CEMENTIN	G RECORI						
		TOBING SIZE			DEPTH SET			SACKS CEMENT				
								 				
TEST DATA AND REQUI	EST FOR AL	LOWA	BLE									
WELL (Test must be after	recovery of total	volume of	load oil	and must b	e eaual to as a	road to11						
First New Oil Run To Tank Date of Test					sst be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)							
th of Test	7.1: - 7						r, 9 191, 1	uc.)				
al Prod. During Test	Tubing Pressure			C	Casing Pressure			Choke Size				
a From During 1est	Oil - Bbls.			v	Water - Bbls.			Gas- MCF				
S WELL								L				
Prod. Test - MCF/D	Length of Test	<u> </u>			No Cara	A A 1			•			
Method (pitat, back or)	nod (pilot, back pr.) Tubing Pressure (Shut-in)				Bbls. Condensate/MMCF Casing Pressure (Shut-in)			Gravity of Condensate				
·								Choke Size				
OPERATOR CERTIFIC	ATE OF CO)MPI I	ANCE	, r								
				-	Oli	COME	ED\/A	TION	1.// 0:0:			
vision have been complied with and that the information given above rue and complete to the best of my knowledge and belief.					OIL CONSERVATION DIVISION							
2/2					Date A	oproved.			V 0 13	J		
A.M. Willer					Orig. Signed by ByPaul_Kautz							
K. M. Miller Div. Opers. Engr.				<u>. </u>	Geologist Geologist							
May 7, 1991	9 .	15-688-	-4834	_	Title							
		Telephone	e No.	- 11								

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
- 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.