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

بمسميده بالاعتداء أن عنقان F -gy, Minerals and Natural Resources Departmen

Form C-106
Revised 1-1-89
See Instructions
at Bottom of Page

CAL CONSERVATION DIVISIO. P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

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

1000 Rio Brazos Rd., Aztec, NM 87410						AUTHORI TURAL GA					
. TO TRANSPORT OIL						Well API No.					
Texaco Exploration and Prod	duction I	nc.				 	30 (25 25292	- -		
Address		0004	0.50	.0							
P. O. Box 730 Hobbs, Nev Reason(s) for Filing (Check proper box)	v Mexico	88240	J-252	8	X Ou	et (Please expl	ain)		,		
New Well		Change in	Transpo	orter of:	_	FECTIVE 6	-1-91				
Recompletion	Oil		Dry G								
Change in Operator	Casinghea	d Gas	Conde	neate [
f change of operator give name nd address of previous operator Texas	co Produ	cing Ind	<u>. </u>	P. O. Bo	x 730	Hobbs, Ne	w Mexico	88240-2	528		
DESCRIPTION OF WELL AND LEASE				ol Name, Including Formation King				of Lease No.			
Lease Name	Well No.			lame, Includi UMENT P.	=		State,	State, Federal or Fee		015340	
T ANDERSON Location	l		IMOIN	ONILIT: F	ADDOOK						
Unit Letter!	: 2223	3	. Feet Fr	rom The SC	NTH Lie	e and853	Fe	et From The E	AST	Line	
Section 8 Township 2		OS Range 37E			, N	мрм,		LEA		County	
		D OF O	TT AN	IN NATTI	- Dat. gas						
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	At Charles	IL AIN	MIT.	Address (Gi	ve address to w	hich approved	copy of this for	m is to be se	ent)	
Shell Pipeline Corporation	X) E	UII Er	ergy	P ipe line		P. O. Box					
Name of Authorized Transporter of Casinghead Gas Warren Petroleum Corporation				G. A	Address (Gi			copy of this form is to be sent) sa, Oklahoma 74102			
If well produces oil or liquids,	Unit Sec.		Twp. Rge.		Is gas actually connected?		When	When?		<u> </u>	
give location of tanks.	 	8	205		lan adar sun	YES		12/	14/76		
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or	pool, gr	ve comming	ing order nun	10er:	 				
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	ol. Ready to	o Prod.		Total Depth			P.B.T.D.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation)	Top Oil/Gas Pay			Tubing Depth			
Perforations					<u> </u>			Depth Casing Shoe			
								<u> </u>			
	TUBING, CASING AN							SACKS CEMENT			
HOLE SIZE	CA	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
	 		. <u> </u>		 -						
	TO FOR		ADIE		<u>l</u>			<u> </u>			
V. TEST DATA AND REQUES OIL WELL (Test must be after r	ST FOR A	LLLUW Hal volume	ABLE of load	oil and musi	i be equal to o	r exceed top all	lowable for thi	s depth or be fo	or full 24 hou	os.)	
OIL WELL (Test must be after recovery of total volume of load oil and mu Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
					Casina Pros			Choke Size	Choke Size		
Length of Test	Tubing Pressure				Casing Pressure						
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL	1				<u> </u>						
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 CERTIFIC	ATTE OF		DT TAT	NCF	1		<u> </u>	1			
I hereby certify that the rules and regul				NCL		OIL COI	NSERV	ATION!	ညျပျဌျ	3ħ	
Division have been complied with and	that the info	rmation giv		re .				OUN	0 0 19;	J	
is true and complete to the best of my	knowledge a	nd belief.			Dat	e Approve	∌d		. —		
2. M. Willer						Orig. Signed by,					
Signature		Div. O		Enar	∥ By_			Geologiet			
K. M. Miller Printed Name		Div. Op	Title	engr.	Title						
April 25, 1991	·		688-4		1	·					
Date		1લ	ephone	140.	H						

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.