mit 5 Copies -----riste District Office Appropriate District Crisical DISTRICT I O. Box 1980, Hobbs, NM 88240

## State of New Mexico

## Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION P.O. Box 2088

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

ISTRICT II O. Drawer DD, Artesia, NM 88210		San	a Fe	P.O. Bo New Me	x 2088 xico 8750	1-2088	JUN	0 4 199	1		
DISTRICT III 000 Rio Brazos Rd., Azzec, NIM 87410	REQUI	ST FO	R AI	LOWAB	LE AND A	UTHORIZ	ATIQINTE S		E		
) Operator	TO TRANSPORT OIL AND NA						Men v				
Texaco Exploration and Production Inc.							30 (	15 05132	<u> </u>		
uldress 2. O. Box 730 Hobbs, New	Mexico	88240-	-252	8							
leason(s) for Filing (Check proper box)	MCXIOO			<u></u>		(Please explai		-			
lew Well		Change in 1	-	F 7	EF	FECTIVE 6-	1-91				
Recompletion  Change in Operator	Oil Control and		Dry G Conde	_							
the state of the s	Casinghead				. 720 L	lobbs, Nev	y Meyico	88240-2	528		
ad address of previous operator Texac	o Produ	cing inc		P. O. Box	<u> </u>	iouus, itev	VIVICAICO	00240_2			
I. DESCRIPTION OF WELL	Exemption Kind of Lease Lease No.										
Lease Name		Well No. Pool Name, Includi			CKSON 7RVS-QN-GB-SA FED			Federal or Fee 413210		0	
LEA C	Ł	-	dix	I BOILG OF							
Unit LetterJ	. 1980		Feet P	rom The SO	UTH Lise	and1980	Fe	et From The	EAST	Line	
	4-					ma i		EDDY		County	
Section 11 Township	. 17	5	Range	31E	, NN	IPM,			<del></del>		
II. DESIGNATION OF TRANS	SPORTE	R OF OI	L AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil	or Condensate				Address (Giv	Address (Give address to which approved copy of this form is to be sent)					
INJECTOR					Address (Gin	e address to wh	ich angrowed	copy of this fe	orm is to be se	<u>u)</u>	
Name of Authorized Transporter of Casing INJEC	head Gas TOR		or Dr	/ <b>GES</b> []	Audices (Oir						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actually	y connected?	When	?			
if this production is commingled with that f	rom any oth	er lease or p	ool, g	ive comming	ling order numi	per:					
IV. COMPLETION DATA		<u> </u>		Gas Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well	ľ	ORR WEIL		1	, 		<u>i</u>	<u>i</u>	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
	AD Asia Familia				Top Oil/Gas Pay			Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation										
Perforations								Depth Casis	ng Shoe		
						va proon					
	TUBING, CASING AND				DEPTH SET			SACKS CEMENT			
HOLE SIZE	CA:	CASING & TUBING SIZE				DEP IN SET					
								<del> </del>			
		11000	A 10 7 1	<del></del>	1			J		<del></del>	
V. TEST DATA AND REQUES	ST FOR A	LLOW!	ABL!	t. d oil and mus	n be equal to o	exceed top all	owable for th	is depth or be	for full 24 hou	rs.)	
OIL WELL (Test must be after r  Date First New Oil Run To Tank	ecovery of total volume of load oil and must Date of Test				Producing M	ethod (Flow, p	ump, gas lift,	elc.)		1 10-	
Date I had now on the to								Choke Size 7-0/			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size   6-7-9/			
D. J. D. Jones Torre	Oil - Bbls.				Water - Bbls.			Gas- MCF	GAS-MCF GILLE		
Actual Prod. During Test	On - DUIS.										
GAS WELL									·		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF  Casing Pressure (Shut-in)			Gravity of	Gravity of Condensate		
								Choke Size	Choke Size		
Testing Method (pilot, back pr.)	Tubing Pr	essure (Shu	l-in)		Casing Pros	ME (SHE-II)			-		
	1	2001	T T A	NCE							
VI. OPERATOR CERTIFIC	ALE O		مراحد	LINCE	-	OIL CO	<b>NSERV</b>	YATION	DIVISIO	אכ	
I hereby certify that the rules and regu Division have been complied with and	that the info	ırmation giv	es ab	ove				JUN -	4 1991		
is two and complete to the best of my	banadadas s	nd belief.			11 5-4	· Annrow	. ai	JUN	4 1V		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

is true and complete to the best of my knowledge and belief.

K. M. Miller

May 7, 1991

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.

Title

Date Approved

ORIGINAL SIGNED BY MIKE WILLIAMS

SUPERVISOR, DISTRICT IT

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Div. Opers. Engr.

Title

915-688-4834

Telephone No.

- 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.