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

DISTRICT III

DISTRICT II P.O. Drawer DD, Artesia, NM \$8210

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

JUN 9 4 1991

O. C. D.
ARTESIA, OFFICE

1000 Rio Brazos Rd., Aztec, NM \$7410 I.			-				AUTHORI Tural G		ION				
Operator										'ell API No.			
Texaco Exploration and Production Inc.							30 015 05157						
Address													
P. O. Box 730 Hobbs, New Resson(s) for Filing (Check proper box)	w Mexic	o 8824	0-2	528		X Ou	vet (Please expl	lai-1				 	
New Well		Change is	Tran	asporter of	:		FFECTIVE 6	•	91				
Recompletion	Oil		•	Gas				•					
Change in Operator	Casinghe	ad Gas 🔲] Con	nden sate									
If change of operator give name and address of previous operator Texa	co Prod	ucing in	c.	P. 0.	Во	x 730	Hobbs, Ne	w M	exico	88240-	2528		
II. DESCRIPTION OF WELL	AND LE						 -		T				
Leese Name SKELLY UNIT	Well No. Pool Name, Include 26 GRAYBURG JA				Cate			of Lease Federal or Fe	ederal or Fee 685460				
Location	_LI UNI ZO GHAYBURG				j JA	ACKSON 7RVS-QN-GB-SA FEDE				RAL	1 0004		
Unit LetterJ	:188	0	_ Fee	t From Th	<u> </u>	NTH Lie	e and198	0	Fe	et From The	EAST	Line	
Section 15 Township 17S Range 31E						, NMPM,				EDDY County			
III. DESIGNATION OF TRAN	SPORT	ርዩ ብፑ ብ	TJ . A	AND NA	TT I	RAI. GAS							
Name of Authorized Transporter of Oil	SI OKII	or Conde		ריין זויט זיה	110.		ve address to w	hich a	pproved	copy of this f	orm is to be s	ent)	
INJECTOR													
Name of Authorized Transporter of Casinghead Gas or Dry Gas INJECTOR						Address (Gir	ve address to w	hich a	copy of this f	iorm is to be s	eni)		
if well produces oil or liquids, give location of tanks.	Unit	Sec.	Tw	P.	Rge.	Is gas actually connected? When				?			
If this production is commingled with that	from any of	her lease or	pool,	give com	mingl	ing order num	ber:						
IV. COMPLETION DATA												•	
Designate Type of Completion	- (X)	Oil Well	ا ا ا	Gas We	:11	New Well	Workover	D	eepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pi. Ready to	o Proc	d.		Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay				Tubing Depth			
Perforations										Depth Casing Shoe			
• • • • • • • • • • • • • • • • • • • •										Depui Casii			
HOLFORE	TUBING, CASING ANI					DEPTH SET				,	24040 054		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT					
	 					···		-					
	<u> </u>												
			. ==				·-··						
V. TEST DATA AND REQUES						he could to a	- amound ton all	aa.b.l	a dan aki	. dansk an ka	Con 6.11 24 Law	1	
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test						t be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)							
Pag 144 01 101 14 141	James Gr. A.	-						7.0		,	poste	A ID-3	
Length of Test	Tubing Pr	Tubing Pressure				Casing Pressure				Choke Size	6-	7-9/	
Actual Prod. During Test	Oil - Bbls.					Water - Bbls.				Gas- MCF	4.h	g 01	
GAS WELL	<u> </u>					I			········	 			
Actual Prod. Test - MCF/D	Length of Test					Bbis. Condensate/MMCF				Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pr	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size			
M ODED ATOD CEDTERO	ATEO)T T	ANCE		<u> </u>				<u> </u>	 -,		
VI. OPERATOR CERTIFIC I hereby certify that the rules and regule						(DIL CON	NSE	RV	ATION	DIVISIO	N	
Division have been complied with and that the information given above						Date Approved JUN - 4 1991							
is true and complete to the best of my l	mowledge a	nd belief.				Date	Approve	ed _	JUN	- 4 199	1		
2 m m 11													
Z. M. Willer					-	By ORIGINAL SIGNED BY WIKE WILLIAMS							
K. M. Miller						II automotion dictoret (f							
Printed Name May 7, 1991		915-	Tide -888	e -4834		Title	CU	rich	v:SO(7, UISTRI	() 15 		
Dete				e No.	_	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.