1980, Hobbs, NM 88240

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

## State of New Mexico Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

JUN 9 4 1991

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DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410				BLE AND AUTHORIZ . AND NATURAL GA	<b>ATIONES</b>	. C. D. SIA OFFICE			
I. Operator	10 18	HNSP	JA I OIL	AND NATONAL GA	Wall 7	PI No.	<del></del>		
Texaco Exploration and Production Inc.					30	30 015 05334			
Address P. O. Box 730 Hobbs, Nev	u Mavica 9924	0_252	۵						
Reason(s) for Filing (Check proper box)	w Mexico 8824	U-252	0	X Other (Please explan	ia)				
New Well	Change i	а Тгаваро	rter of:	EFFECTIVE 6-	-				
Recompletion	Oil [	Dry Ga	. 🔲						
Change in Operator	Casinghead Gas	Conden	sate						
and address or previous operator	co Producing In	c.	P. O. Bo	x 730 Hobbs, Nev	v Mexico	88240-25	28	<del> </del>	
II. DESCRIPTION OF WELL.		Ta			- Wind a	of Lease	T .	ase No.	
Lease Name	Well No.	4	ime, includi SEVEN	ng Formation	State,	Federal or Fee	68546		
SKELLY UNIT	10	FREI	SEVEN	NIVENS	IFEDE	RAL	<u></u>		
Location Unit LetterN	: 660	_ Foot Fr	om The SC	UTH Line and 1980	Fe	et From The Wi	EST	Line	
Section 21 Township	, 175	Range	31E	, NMPM,		EDDY		County	
III. DESIGNATION OF TRAN	SPORTER OF C	IL AN	D NATU	RAL GAS					
Name of Authorized Transporter of Oil INJECTOR	or Conde			Address (Give address to whi	ich approved	copy of this form	i is to be se	nt)	
Name of Authorized Transporter of Casing INJEC		or Dry	Gas	Address (Give address to whi	ich approved	copy of this form	ı is to be se	ni)	
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.	Rge.	is gas actually connected?	When	7			
If this production is commingled with that it. COMPLETION DATA	·							born t	
Designate Type of Completion	- (X)	T I C	Gas Well	New Well Workover	Deepen	Plug Back Sa	me Kesv	Diff Res'v	
Date Sjudded	Date Compl. Ready	o Prod.		Total Depth		P.B.T.D.		. <del> </del>	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
Perforations	<u> </u>			<u> </u>		Depth Casing S	hoe		
	TURING	CASI	NG AND	CEMENTING RECORD	D	1			
HOLE SIZE	CASING & T			DEPTH SET		SACKS CEMENT			
TIOCE OILE	0.10,110								
				<u></u>		<u> </u>			
V. TEST DATA AND REQUES	T FOR ALLOW	ABLE		1 1		. danek an ka fan	6.11 24 ban	1	
		of load	oil and must	be equal to or exceed top allow Producing Method (Flow, pur	wable for the	to l			
Date First New Oil Run To Tank	Date of Test			ricancing Medica (1 20%, pa	·φ, εω .y., ε	,	Partod	110-3	
Length of Test	Tubing Pressure			Casing Pressure		Choke Size 6-7-9/			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.		Gas-MCF	ong	or	
GAS WELL	1			<u> </u>		·			
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF		Gravity of Con	densate		
		- E2V		Casing Pressure (Shut-in)		Choke Size		<u> </u>	
Testing Method (pitot, back pr.)	Tubing Pressure (Shi	A·M)		Casing Freshire (Stitu-in)		CREE SEE		·····	
VI. OPERATOR CERTIFIC			<b>ICE</b>	OIL CON	CEDV	ATION D	1/101	M	
I hereby certify that the rules and regularisism have been complied with and	that the information gi	rvation ven above	:					NIA.	
is true and complete to the best of my i	mowledge and belief.			Date Approved	d	<u> </u>	991		
2/m. Willer			Date Approved JUN - 4 1991 ORIGINAL SIGNED EX By MIKE WILLIAMS SUPERVISOR, DISTRICT IS						
Signature K. M. Miller		pers. E	ingr.	By SUPER	MSOR, D	ISTRICT P			
Printed Name		Title		Title					
May 7, 1991	915-	688-4	<b>ბ</b> 34	11	-				

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

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

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.