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

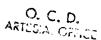
DISTRICT II P.O. Deswer DD, Astesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Departmen

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088



DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION I. TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator Texaco Exploration and Production Inc. 30 015 05364 P. O. Box 730 Hobbs, New Mexico 88240-2528 X Other (Please explain) Reason(s) for Filing (Check proper box) EFFECTIVE 6-1-91 Change in Transporter of: New Well Recompletion Oil Dry Gas X Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator

Texaco Producing Inc. P. O. Box 730 Hobbs, New Mexico 88240-2528 II. DESCRIPTION OF WELL AND LEASE Kind of Lease State, Federal or Fee Well No. Pool Name, Including Formation Lease No. 685460 SKELLY UNIT GRAYBURG JACKSON 7RVS-QN-GB-SA FEDERAL 47 Location \_ Feet From The WEST Feet From The NORTH Line and 660 Line Unit Letter Section 23 **17**S Range 31E **EDDY** , NMPM, Township County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS or Condensate Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil Texas New Mexico Pipeline C 1670 Broadway Denver, Colorado 80202 Address (Give address to which approved copy of this form is to be sent) X or Dry Gas \_\_\_\_ Name of Authorized Transporter of Casinghead Gas P. O. Box 460 Hobbs, New Mexico 88240 Conoco Inc. Unit is gas actually connected? If well produces oil or liquids, give location of tanks. Twp. Rgc. 17S 31E Rge. When? 22 YES 06/01/60 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA New Well Workover Deepen Plug Back Same Res'v Oil Well Gas Well Diff Res'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation **Tubing Depth** Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD CASING & TUBING SIZE **DEPTH SET** SACKS CEMENT HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Casing Pressure Length of Test Tubing Pressure Water - Bbls. Actual Prod. During Test Oil - Bbls. **GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test - MCF/D Length of Test Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VL OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved JUN - 4 1991 ORIGINAL SIGNED BY J. M. Willer MIKE WILLIAMS Signature SUPERVISOR, DISTRICT !! Div. Opers. Engr. K. M. Miller

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

Printed Name

Date

May 7, 1991

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\_

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

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.