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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVER

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

JUN 0 4 1991

O. C. D.

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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

TO TRANSPORT OF ALLOWABLE AND AUTHORIZATION

I		TO TRA	NSF	PORT OIL	<u>. AND NA</u>	TURAL G			****			
Operator Texaco Exploration and Pro-		Well API No. 30 015 10504										
Address P. O. Box 730 Hobbs, Nev	w Mexico	88240	0–25	28								
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Oil Casinghea	Change in	Trans	porter of:	_	er (Please expl FECTIVE 6	•					
If change of operator give name and address of previous operator	co Produ	icing Ind	c	P. O. Bo	x 730	Hobbs, Ne	w Mex	ico	88240-2	528		
IL DESCRIPTION OF WELL	AND LEA	SE		<u>.</u>		·					·	
Lease Name SKELLY UNIT	Well No. Pool Name, Including Formation 73 FREN SEVEN RIVERS						S	Kind of Lease State, Federal or Fee FEDERAL Lease No. 685460				
Location Unit LetterL	: 2130 Feet From The SOUTH Line and 660 Feet From The WEST							WEST	Line			
Section 23 Township	, 17	17S Range 31E , NMPM,						EDDY County				
III. DESIGNATION OF TRAN	SPORTE			ND NATU					6.01.		·.,.	
Name of Authorized Transporter of Oil INJECTOR		or Condet) faic		Address (Giv	e address to wi	hich appr	oved o	copy of this fo	rm is to be se	ini)	
Name of Authorized Transporter of Casing INJEC	Address (Give address to which approved copy of this form is to be sent)											
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When ?							
If this production is commingled with that f IV. COMPLETION DATA	rom azy oth	er lease or	pool, g	give comming!	ing order num	ber:						
Designate Type of Completion -	· (X)	Oil Well		Gas Well	New Well	Workover	Deep	en	Plug Back	Same Res'v	Diff Res'v	
Date Spudded Date Compl. Ready to Prod.					Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	vations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth		
Perforations						Depth Casing Shoe						
	T	UBING,	CAS	ING AND	CEMENTI	NG RECOR	D	l				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
T moon name and brouge	T FOR A	HOW	ADII									
V. TEST DATA AND REQUES OIL WELL (Test must be after re										or full 24 hou	rs.)	
Date First New Oil Run To Tank	Producing Method (Flow, pump, gas lift, etc.)											
Length of Test	Tubing Pressure				Casing Pressure				Choke Size Posted ID-3			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.				Gas-MCF Ging OP			
GAS WELL					Inu. A		-		O			
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF				Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE 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.					OIL CONSERVATION DIVISION Date Approved JUN - 4 1991							
2 M. Willer					[
Signature K. M. Miller Div. Opers. Engr.					By ORIGINAL SIGNED BY MIKE WILLIAMS SUPER TOTAL							
Printed Name May 7, 1991 Date		915-6 Tele	Title 588- phone		Title				·	·		

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.