Submit 5 Copies	
Appropriate District Office	
DISTRICT I	
DO Boy 1090 Hobbe NM	- 22

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Location

Date

1240

DISTRICT II P.O. Drawer DD, Arte

State of New Mexico

OIL CONSERVATION DIVISION

ergy, Minerals and Natural Resources Departn.

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

Lease No.

Line

County



JUN 0 4 1991

P.O. Box 2088

P.O. Drawer DD, Artesia, NM 88210	Sa	nta Fe, New Mexico 87504-2088	•••	
DISTRICT III 1000 Rio Brazos Rd., Azlec, NM 87410 REC I.	UEST FO	OR ALLOWABLE AND AUTHORIZAT		E
Operator			Well API No.	
Texaco Exploration and Production	n Inc.		30 015 20683	
Address				
P. O. Box 730 Hobbs, New Mexi	co 88240)-2528		
Reason(s) for Filing (Check proper box)		X Other (Please explain)		
New Well	Change in	Transporter of:EFFECTIVE 6-1-	91	
Recompletion Oil		Dry Gas		
Change in Operator X Casing	ead Gas 🔲	Condensate		·
If change of operator give name and address of previous operator Texaco Inc.	P. 0.	Box 730 Hobbs, New Mexico 882	40-2528	
II. DESCRIPTION OF WELL AND L	EASE			.
Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lean
E. J. LEVERS FEDERAL NCT-1	1	CATCLAW DRAW MORROW (PRORATE	FEDERAL	430960

_ Feet From The WEST Feet From The SOUTH Unit Letter EDDY Range 36E 25 215 12 , NMPM, Township Section AND NATTIDAL CAS

Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of t Gas Co. of New Mexico P. O. Box 26400 Albuquerque,	Houston, Texas 770
If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When ? give location of tanks. N 12 21S 35E YES YES	09/23/73

1980

_ Line and _

COMPLETION DATA 337

660

Designate Type of Completio	n - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded		pi. Ready to Pr	rod.	Total Depth	l	l	P.B.T.D.	I	1
Elevations (DF, RKB, RT, GR, etc.)	ons (DF, RKB, RT, GR, etc.) Name of Producing Formation		ation	Top Oil/Gas Pay			Tubing Depth		
Perforations				<u></u>	<u> </u>		Depth Casin	ng Shoe	
		TIBING C	ASING ANI	CEMENT	NG RECOR	D	_1		

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HULE SIZE	UNDING & TODITO DICC		
		and the second	

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be afind the first New Oil Run To Tank	Date of Test	Producing Method (Flow, put	wable for this depth or be for full 24 hours.) mp, gas lift, etc.)
Date First New OII Run 10 Tank Date of Test			posted ID
Length of Test	Tubing Pressure	Casing Pressure	Choke Size / 4 - 7 - 9/
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas-MCF lake OP

GAS WELL Gravity of Condensate Length of Test Bbis. Condensate/MMCF Actual Prod. Test - MCF/D Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. 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 **JUN - 4 1991** is true and complete to the best of my knowledge and belief. Date Approved _ **ORIGINAL SIGNED BY** Mil MIKE WILLIAMS By. Signatu SUPERVISOR, DISTRICT IT Div. Opers. Engr. K. M. Miller Title Printed Name Title_ 915-688-4834 May 7, 1991

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.

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.