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Appropriate D strict Office
DISTRICT I
P.O. Bax 1980, Hobbs, NM 88240

## State of New Mexico En. , Minerals and Natural Resources Department

Form C-104 Revised 1-1-39 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	7	TO TRA	NSPC	RT OIL	AND NA	TURAL GA	AS				
Option 1								1 API No. D 025 30721 OK			
Address											
P. O. Box 730 Hobbs, New Mexico 88240-2528  Reason(s) for Filing (Check proper box)  X Other (Please explain)											
Reason(s) for Filing (Check proper box)  New Well  Change in Transporter of:  EFFECTIVE 6-1-91											
Recompletion Oil Dry Gas											
Change in Operator Casinghead Gas Condensate											
If change of operator give name and address of previous operator  Texac	o Produ	cing Inc	c. P	. O. Bo	x 730	Hobbs, Ne	w Mexico	88240-2	528		
II. DESCRIPTION OF WELL AND LEASE											
Lease Name Well No.   Pool Name, Including								Kind of Lease Lease No.			
VACUUM GRAYBURG SAN ANDRES U# 122 VACUUM GRAY					BURG SAN ANDRES STAT			Federal or Fee E			
Location											
Unit LetterH	: 1336 Feet From The NOR				RTH Line and 660 Fee			et From The _	EAST	Line	
Section 1 Township 18S Range 34E						мрм,		LEA County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil Or Condensate Address (Give address to which approved copy of this form is to be sent)											
Texas New Mexico Pipeline C 1070 Broadway Denver, Colorado 80202											
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Texaco Exploration and Production Inc.  P. O. Box 1137 Eunice, New Mexico 88231											
If well produces oil or liquids, Unit Sec. Twp. Rge.					Is gas actually connected? When						
give location of tanks.	F	2	185	34E		YES		UN	KNOWN		
If this production is commingled with that f	rom any othe	er lease or	pool, give	comming	ing order num	ber:					
IV. COMPLETION DATA		Oil Well		as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -	(X)						2.4				
Date Spudded Date Compi. Ready to Prod.					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						
TUBING, CASING AND C											
HOLE SIZE CASING & TUBING SIZE				ZE	DEPTH SET			SACKS CEMENT			
								ļ	<del>. , </del>		
				<del></del>							
V. TEST DATA AND REQUEST FOR ALLOWABLE											
OIL WELL (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.)  Date of Test  Producing Method (Flow, pump, gas lift, etc.)											
Date First New Oil Run To Tank	Date of Tes	t			Producing M	susou (Fiow, pi	<i>στφ, χα</i> 191, ε	u.,			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Sesting Method (nited, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
Tubing Method (pitot, back pr.)  Tubing Pressure (Shut-in)											
VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION									M		
I hereby certify that the rules and regulations of the Oil Conservation							IOLI IV			'1 <b>\</b>	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date	Annroyo	d				
						Date Approved					
L.M. Miller					By_	cause			en me		
K. M. Miller Div. Opers. Engr.						•					
Printed Name May 7, 1991		915-0	Title 688–48	34	Title						
Date			phone No								

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.