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Appropriate District Office
DISTRICT I Box 1980, Hobbs, NM 88240

State of New Mexico Resources Department of the Land Matural Resources Department

Form C-104 Revised 1-1-89 e Instructio at Rottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II 20. Drawer DD, Arlesia, NM 88210 DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator ٧Ł 30 025 08221 Texaco Exploration and Production Inc. Address 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 Dry Gas Recompletion Oil X Change in Operator If change of operator give name and address of previous operator

Texaco Inc. P. O. Box 730 Hobbs, New Mexico 88240-2528 II. DESCRIPTION OF WELL AND LEASE Kind of Lease State, Federal or Fee Lease No. Well No. Pool Name, Including Formation Lease Name 145870 PADUCA DELAWARE **COTTON DRAW UNIT** FEDERAL Location Feet From The NORTH Line and 660 660 Feet From The WEST Unit Letter Section 22 **25S** Range 32E , NMPM, County Township III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate Texas New Mexico Pipeline Co. 1670 Broadway Denver, Colorado 80202 Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) X or Dry Gas Phillips 66 Natural Gas Co. 990G Plaza Office Bldg. Bartlesville, Oklahoma 74004 If well produces oil or liquids, give location of tanks. Rge. Unit Two is gas actually connected? When? Κį 258 15 32E YES 03/27/62 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Diff Res'v Gas Well New Well Workover Deepen Plug Back Same Res'v Oil Well Designate Type of Completion - (X) Total Depth Date Compl. Ready to Prod. Date Soudded Top Oil/Gas Pay Name of Producing Formation Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD CASING & TUBING SIZE **DEPTH SET** SACKS CEMENT HOLE SIZE . 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.) Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tank Choke Size Casing Pressure Length of Test **Tubing Pressure** Water - Bbls. Gas- MCF Actual Prod. During Test Oil - Bbls. **GAS WELL** Gravity of Condensate Bbis, Condensate/MMCF Actual Prod. Test - MCF/D Length of Test Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.)

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

VL 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.

K. M. Miller

May 2, 1991

Signature

Date

Printed Name

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Title_

OIL CONSERVATION DIVISION

Eddie W. Seay

Oil & Gas Inspector

Date Approved _

JUN 0 3 1991

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

Div. Opers. Engr.

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.