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

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

State of New Mexico , Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

JUN 0 4 1991

Santa Fe, New Mexico 87504-2088

Form C-104 Revised 1-1-89

See Instructions at Bottom of Page

O. C. D. DISTRICT JII 1000 Rio Brazos Rd., Azzec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION ARTESIA, OFFICE TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 30 015 05175 **Texaco Exploration and Production Inc.** Address Hobbs, New Mexico 88240-2528 P. O. Box 730 Other (Please explain) X Reason(s) for Filing (Check proper box) EFFECTIVE 6-1-91 Change in Transporter of: Dry Gas Oil Recompletion X) Cazinghead 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 Pool Name, Including Formation Leane No. Lease Name Well No. 741700 FREN SEVEN RIVERS STATE AZ STATE Location Feet From The SOUTH 990. . Feet From The WEST 330 Line and Line **EDDY** Range 31E 175 , NMPM, County Township III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate Texas New Mexico Pipeline C 1670 Broadway Denver, Colorado 80202 Address (Give address to which approved copy of this form is to be sent) or Dry Gas Name of Authorized Transporter of Casinghead Gas X P. O. Box 460 Hobbs, New Mexico 88240 Conoco Inc. is gas actually connected? When ? Twp. Rge. If well produces oil or liquids, Unit Sec. give location of tanks. Μį 16 175 31E 07/01/69 YES 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 Diff Res'v Gas Well Oil Well Designate Type of Completion - (X) Total Depth Date Compl. Ready to Prod. P.R.T.D. Date Spudded Top Oil/Gas Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT **DEPTH SET** HOLE SIZE CASING & TUBING SIZE

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pur	np. gas lift, etc.) Choke Size Choke Size Choke Size
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas-MCF 6 ltg 09

Bbls. Condensate/MMCF

Casing Pressure (Shut-in)

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.

Actual Prod. Test - MCF/D

Date

Testing Method (pitot, back pr.)

L.M. Whiller	
Signature K. M. Miller	Div. Opers. Engr
Printed Name May 7, 1991	Title 915-688-4834

Telephone No.

OIL CONSERVATION DIVISION

Gravity of Condensate

Choke Size

Date Approved	JUN - 4 1991
ORIGINAL S	
SUPERMISO	ANS A DISTRICT II
Title	* 50/2

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

Length of Test

Tubing Pressure (Shut-in)

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