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

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

State of New Mexico Lucrgy, Minerals and Natural Resources Departma

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 I.	REQUI	EST FO	OR AL	LOWAE	BLE AND	AUTHOR TURAL G	70	o. C. D. Articia, Cr.	100		
Operator Texaco Exploration and Pro				Well API No. 30 015 22507							
Address P. O. Box 730 Hobbs, New Well Respondence Control of the		88240		ter of:	_	her (Please exp FFECTIVE 6	-				
Recompletion Change in Operator Change of operator give name Texa	Casinghead		Condens	_	× 730	Hobbs. Ne	ew Mexico	88240-25	28		
ind address of previous operator TEXA I. DESCRIPTION OF WELL		<u> </u>								· ·	
SKELLY UNIT 139 FREN SEVEN RIVE					_	State.			f Lease Lease No. Federal or Fee 685460		
Location Unit Letter O	nit Letter O : 510 Feet From The SOUT					Line and 1980 Feet From The EAST Line					
Section 23 Townshi	31E	, NMPM, EDDY				· · ·	County				
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Conden		NATU	RAL GAS	ive address to w	hich approved	copy of this for	n is to be se	nt)	
Texas New Mexico Pipeline				J 	1670 Broadway Denver, Colorado 80202						
Name of Authorized Transporter of Casin Conoc	o Inc.	X	or Dry C		1	P. O. Box 4	60 Hobbs	copy of this form is to be sent) s, New Mexico 88240			
If well produces oil or liquids, give location of tanks.	Unit S			Rge.	is gas actually connected? YES		When	When? 06/20/78			
f this production is commingled with that IV. COMPLETION DATA	from any other	r lease or	pool, give	commingl	ing order nur	nber:					
Designate Type of Completion	- (X)	Oil Well	G	as Well	New Well	<u>i</u>	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Date Spudded	Date Compl.	. 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	<u> </u>				4			Depth Casing	Shoe		
					CEMENT	ING RECO		T	040 0514		
HOLE SIZE	CAS	ING & TL	IBING S	ZE	 	DEPTH SET	<u> </u>	SA	CKS CEMI	<u>ENI</u>	
V. TEST DATA AND REQUES	ST FOR A	LLOWA	BLE								
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test						be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.) Casing Pressure Choke Size 6-7-9/					
Length of Test	Tubing Pressure			Casing Pressure			Choke Size	6-	7-91		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas-MCF Chy OP				
GAS WELL Actual Prod. Test - MCF/D	Length of To	est			Bbls. Conde	ensate/MMCF		Gravity of Cor	idensale		
Testing Method (pitos, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
					ļ				 -		
VI. OPERATOR CERTIFIC I hereby certify that the rules and regul Division have been complied with and	ations of the C that the inform	Dil Conser nation give	vation	CE				ATION D		N	
is true and complete to the best of my l	knowledge and	1 belief.			Dat	e Approve	∍d	JUN - 4 1	991	·	
2.M.Miller					ORIGINAL SIGNED BY MIKE WILLIAMS						
K. M. Miller Div. Opers. Engr. Printed Name Title					SUPERVISOR, DISTRICT IT						
May 7, 1991		915-6	88-48	34	''''						

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.