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

## State of New Mexico Energy, Minerals and Natural Resources Departme.

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

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

JUN 0 4 REC'D

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 8741			R ALLOWAE					C. D.	12	
I. TO TRANSPORT OIL AND NATURAL GAS										
Operator Texaco Exploration and Production Inc.							Well API No. 30 015 05420			
Address										
	lew Mexico	88240-	2528	[V] O1	(DI I	-:-1				
Reason(s) for Filing (Check proper box)					X Other (Please explain)  EFFECTIVE 6-1-91					
New Well			ansporter of:	Er	FECTIVE 0	- 1-91				
Recompletion	Oil		ry Gas └							
Change in Operator	Casinghead (	Gas [ C	ondensate			·			<del></del>	
and address of previous operator	xaco Produc		P. O. Box	k 730	Hobbs, Ne	w Mexico	88240-25	28		
	SCRIPTION OF WELL AND LEASE   Well No.   Pool Name, Include					Kind o	Lease	Lease Lease No.		
Lease Name SKELLY UNIT							Federal or Fee 685460			
Location		01	NEN SEVEN	TIVENS		IFEDE	HAL			
n	. 330	_	et From The NO	RTH	330	). ".	et From The W	EST	T to a	
Unk Letter	476		ange 31E		c add		et From The		Line	
GCLUGE TOWN	anp				MPM,				County	
III. DESIGNATION OF TRA		OF OIL		RAL GAS		Lisk same I	ann of this for	. ie e. k		
Name of Authorized Transporter of Oil Texas New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent)									
	1670 Broadway Denver, Colorado 80202									
	ne of Authorized Transporter of Casinghead Gas X or Dry Gas Conoco Inc.						copy of this form is to be sent)  1. New Mexico 88240			
If well produces oil or liquids, give location of tanks.	Unit S		wp.   Rge. 17S   31E	is gas actually connected? When ? YES 06/01/60						
If this production is commingled with th	at from any other	lease or poo	d, give commingli	ing order num	ber:					
IV. COMPLETION DATA							<del></del>			
Designate Type of Completion	on - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back  S	ame Res'v	Diff Res'v	
ate 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				<u></u>		<u></u>	Depth Casing	Shoe		
	CEMENTI	NG RECOR	ZD.							
HOLE SIZE	CASI	NG & TUB	NG SIZE	DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQU										
OIL WELL (Test must be afte	r recovery of total	l volume of	load oil and must	be equal to or	exceed top all	owable for this	depth or be for	full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test			Producing M	ethod (Flow, pr	ump, gas lift, e	tc.)	u u		
					pested II					
Length of Test Tubing I		ure	-	Casing Pressure			Choke Size 6 - 7-9/			
								<u> </u>	<del></del>	
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbis.			Gas-MCF G.Ng OF		
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
								Choke Size		
Testing Method (pitot, back pr.)	Tubing Press	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)					
M ODED ATOD CEDTUR	CATEOE	COME	IANCE	<u>                                     </u>			<del></del>			
VI. OPERATOR CERTIFI		-		(	OIL COM	<b>ISERV</b>	ATION D	IVISIO	NC	
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 m					A	ا ہے	JUN - 4	1991		
/				Date	Approve				<del></del>	
7.M. Willen					By ORIGINAL SIGNED BY					
Signature K. M. Miller	F	iv. Oner	s. Enor	-, -	N	INE WILL	DISTRIC	T If		
K. M. Miller Div. Opers. Engr.					SUPERVISOR, DISTRICT IS					

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

Printed Name

May 7, 1991

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

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

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.