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

State of New Mexico rgy, Minerals and Natural Resources Departm.

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

KECEIVED

Form C-104 Revised 1-1-89 See Instruction MOV S G 1992

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 U.C.D. DISTRICT III 1000 Rio Brezos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION® TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 30-015-27068 Texaco Exploration and Production Inc. P. O. Box 730 Hobbs, New Mexico 88240-2528 Other (Please explain) X Reason(s) for Filing (Check proper box) GAS LINE CONNECTION DATE New Well Change in Transporter of: Dry Gas Oil Recompletion Condensate Casinghead Gas Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of Lease State, Federal or Fee Lease No. Pool Name, Including Formation Well No. Lease Name LC-029420-B DOW "B" 33 FEDERAL WILDCAT MORROW **FEDERAL** Location Feet From The SOUTH 2180 1980 **EAST** Line and Feet From The Line Unit Letter 17-S **EDDY** 33 31-E , NMPM, County Range 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 XP.O. Box 6196 MIDLAND, TEXAS 79711 Texaco Trading and Transportation Inc Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) CONOCO INC. 10 DESTA DRIVE 100 WEST MIDLAND, TEXAS 79705 Rge. Is gas actually connected? When? Twp. Unit If well produces oil or liquids, I Sec. _17S give location of tanks. 33 31E YES 11-25-92 J 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 Oil Well Gas Well Designate Type of Completion - (X) Total Depth Date Compl. Ready to Prod. P.B.T.D. Date Spudded Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation **Tubing Depth** Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT HOLE SIZE **CASING & TUBING SIZE DEPTH SET** st ID-2 15 TEST DATA AND REQUEST FOR ALLOWABLE (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.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls. **GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test - MCF/D Length of Test Casing Pressure (Shut-in) Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above DEC 3 0 1992 is true and complete to the best of my knowledge and belief. Date Approved Contal Signatur ENGR. ASST. MONTE C. DUNCAN Title Printed Name SUPERVISOR, DISTRICT II Title

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.

505-393-7191

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.

Date

11-25-92