STATE OF NEW MEXICO

	OIL CONSERVA		N	Revised 10:01-78 Format 06:01-83
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V.0.0.8.	SANTA FE, NEW	MEXICO 87501		
LAND OFFICE RECEIV				
TRANSPORTER				
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PLONATION OFFICE	AUTHORIZATION TO TRANSE	PORT OIL AND NATU	RAL GAS	
1. 0.0	AUTHORIZATION TO TRANSF			
Operator APTESIA	, OFFICE			
Texaco Inc.				
Address				
P. O. Box 728, Hobbs, New	Mexico 88240			
Reoson(s) for filing (Check proper box)	Incarco occos	Other (Please		
New Well	Change in Transporter of:	NAME CH		
Recompletion		y 004	Albert Federal Co	m .
X Change in Ownership	Casinghead Gas Ca	ondensate TO:	Dagger Draw	
and address of previous ownerBE	FASP Well No.   Pool Name, Including F		Kind of Leuse	Lease Nu.
Lease Name			State, Federal or Fee	Federal NM 1895
Dagger Draw	1 Dagger Draw St	rawn		rederar j mi 1095
Location				. <b>L</b>
Unit Letter 0 : 660	Feel From The South Lin	• and <u>1980</u>	Feet From The Eas	iL
			. Daar	County
Line of Section 32 Towns	hip 195 Range	25E , NMPN	. Eddy	Post 20-3
· ·				38-13-87
III. DESIGNATION OF TRANSPOL	RTER OF OIL AND NATURAL	. GAS	to which approved copy of i	this form is to be sent
None of Authorized Transporter of Oll	j or Condensate	Addiess (Give addiess		
None			to which approved copy of	this form is to be sent)
Hane of Authorized Transporter of Cosing	iliead Gas 📋 or Dry Gas 🛄	Address (Give address	to writen approved copy of	
None			1014	
	nll Sec. Twp. Rge.	is gas actually connect	od? When	
dive location of tanks.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>		
		aive communating orde	e number:	

If this production is commingled with that from any other lease or pool, give commingling order number

NOTE: Complete Parts IV and V on reverse side if necessary.

## VI. 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 is true and complete to the best of my knowledge and belief.

(Signature) Area Superintendent (397-3571) (Tille) (Date)

## OIL CONSERVATION DIVISION

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APPROVED	MAR 1 3 1987	
87	Original Signed By	
 01	Les A. Clements	
TITLE		

This form is to be filed in compliance with RULE 1104,

If this is a request for sllowable for a newly drilled or decreasivel, this form must be accompanied by a tabulation of the deviation taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for alloable on new and recompleted wells.

Fill out only Sections I. II, III, and VI for changes of Swith well name or number, or transporter, or other such change of condition

Separate Forms C-104 must be filed for each pool in multip completed wells.

STATE OF NEW MEXICO         DIREGY Mon MINERALS DEPARTMENT         Image: State of the Mineral State St												
ENERGY and MIREALS DEPARTMENT       Ford COL       Performance       Pe	STATE OF NEW MEXICO											
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Form C-104 Revised 10-01-78 Format 06-01-83 Page 2

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## IV. COMPLETION DATA

Designate Type of Completio	on - (X)	OII Well	Gas Well	1 5	Workover	Deepen	     	lug Back	Same Restv.	Diff. Res'v	
Date Spudded	Date Compl	. Ready to P	fod.	Total Depth			F	.B.T.D.	· · · · · · · · · · · · · · · · · · ·	<b>.</b>	
Elevations (DF, RKB, RT, GR, etc.; Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
Perforations			. <u></u> .	- <b>4</b>				Depth Casir	ig Shoe		
		TUBING,	CASING, AN	DCEMENTI	GRECOR	D					
HOLE SIZE	CASH	NG & TUBI	NG SIZE		DEPTH SE	:т		SA	CKS CEMEN	17	
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V. 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 allow-OIL WELL able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pur	Producing Method (Flow, pump, gas lift, etc.)			
Longth of Test	Tubing Pressure	Casing Pressure	Choze Size			
Actual Prod. During Teet	Oil-Bbls.	Water - Bbls.	Gas - MCF			
	<u> </u>		<u> </u>			

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Teeting Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size

