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

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

**Q.** CONSERVATION DIVISION

Energy, Minerals and Natural Resources Department

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQUE		•		BLE AND	A-2000 AUTHORIZ	ZATION	SEP 04	<b>+ '9</b> 0	
I.						TURAL GA				
Operator Texaco Inc.							Well	NP No. 015-26225		
Address	NN 00/		,		_					
P.O. Box 730, Hobbs, Reason(s) for Filing (Check proper box)	NM 882	240			Oth	et (Please expla	ein)			
New Well	c	hange in Ti	Anspor	nter of:		or (1 sease exper	,			
Recompletion	Oil Casinghead	<b>1</b> D	ry Gar onden		_	_				
If change of operator give name and address of previous operator				·		,, <u>,</u> , <u>,</u> ,				
·	43ID I E 44	NE)					<del></del>			
IL DESCRIPTION OF WELL Lease Name	ing Formation		Kind	of Lease No.						
Kincaid-Watson Feder	al Well No.   Pool Name, Including al Shugart B				_				ederal or Fee LC-029393-B	
Location				<u> </u>	<del> </del>	8-7	11		7 20 0.	
Unit Letter B	_ :33	30 F	eet Fro	om The _1	North Lin	e and19	980 F	et From The	East	Line
Section 18 Townshi	Section 18 Township 18S Range 311				NMPM,			Eddy <b>County</b>		
III. DESIGNATION OF TRAN	SPORTER	OF OII	. A NI	n NATTI	DAL GAS	-				
Name of Authorized Transporter of Oil		r Condensa				e address to wi	ich approved	copy of this f	orm is to be se	mt)
Texas New Mexico Pipe Line Co.					P.O. Box 2528, Hobbs, NM 88240					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas					Address (Give address to which approved copy of this form is to be sent)					int)
Phillips 66 Natural Gas Co.  f well produces oil or liquids,   Unit   Sec.   Twp.   Rge								TX 79762		
If well produces oil or liquids, give location of tanks.	Umuit  S IB	iec.   T	₩ <b>р.</b> 185		is gas actually	es	When	06-04	_90	
If this production is commingled with that	<del>                                     </del>							00-04	- 90	
IV. COMPLETION DATA	·									
Designate Type of Completion	- (X)	Oil Well	Ĺ	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl.	Ready to P	rod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formstion					Top Oil/Gas	Pay		Tubing Depth		
Perforations							=	Depth Casing Shoe		
	π	BING. C	ASIN	IG AND	CEMENTI	NG RECOR	D	<u> </u>		
HOLE SIZE	IZE		DEPTH SET		SACKS CEMENT					
								Po	JID-3	,
								1 9	-14-90	<u> </u>
								H.	1d 67:1	P
V. TEST DATA AND REQUES					1					
OIL WELL (Test must be after no Date First New Oil Run To Tank	Date of Test	l volume of	load o	il and must		exceed top allo thod (Flow, pu			for full 24 hou	rs.)
Date File New Oil Rull 10 Table	Date of Tex				Flooring Mic	sucu (r tow, pu	mp, gas iyi, i	<i>,</i>		
Length of Test	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF		
GAS WELL	L				<u>!</u>			1		
Actual Prod. Test - MCF/D	Length of Test				Bbis, Conden	Bbls. Condensate/MMCF			ondensate	
	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
Testing Method (pitot, back pr.)	Tuoling Frees	me (Strut-m	,	<del></del>	Cating Fresh	ire (Stilk-III)		Choke Size		
VL OPERATOR CERTIFIC	ATE OF C	COMPL	IAN	CE			CEDY	ATIONI		
I hereby certify that the rules and regulations of the Cil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION					
is true and complete to the best of my knowledge and belief.					Date	Approve	d	SEP 1	1 1990	
Kichard Destate					By ORIGINAL SIGNED BY					

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

Signature R. B. DeSoto

Printed Name

Date

08-30-90

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.

MIKE WILLIAMS

SUPERVISOR, DISTRICT IT

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

Engineering Technician

(505) 393-7191

Title

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.