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

## State of New Mexico

Energy, Minerals and Natural Resources D. ...ment

HELEIVED

Form C-104 Revised 1-1-89 See Instructions

OUT 1 1 1993

See Instructions of Page

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

C. C. D.

DISTRICT III				,		. 2000		ران در کاری کاری احتجام محدد	42°	•	
1000 Rio Brazos Rd., Aztec, NM 8741	O REQ					AUTHORI			<b>,</b>		
I. Operator	· · · · · · · · · · · · · · · · · · ·	TOTR	ANSP	ORT OI	L AND N	ATURAL G				<del></del>	
TEXACO EXPLORATION AND PRODUCTION INC.							Well	Well API No. 30-015-27505			
P.O. BOX 730 HOBBS, NEW	/ MEVICO	00040									
Reason(s) for Filing (Check proper box	)	88240			O	her (Please expl	ain)				
New Well		Change in	, .		R	EQUEST TE	ST ALLO	WABLE OF 1	000 BARI	RELS	
Recompletion	Oil Casinghe	ad Gae	Dry Ga Conder	-	F	OR OCTOBE	R 1993				
If change of operator give name and address of previous operator	Caugic	eu O25	Conoca	inate [					<del></del>	<del></del>	
II. DESCRIPTION OF WELL	L AND LE	ASE				· · · · · · · · · · · · · · · · · · ·					
Lease Name	Well No.   Pool Name, Inch				ing Formation	·		of Lease No.			
DD FEDERAL 25		4	DAGG	ER DRAV	W UPPER	PENN NORTH		, Federal or Fee ERAL	NM-5		
Location Unit LetterB	:781	1	_ Feet Fn	om The NO	ORTH LI	ne and1767	<u>7.                                    </u>	eet From The	EAST	Line	
Section 25 Towns	hip	19-5	Range	24-E	, N	МРМ,		EDDY		County	
III. DESIGNATION OF TRA	NSPORTE	R OF O	IL AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil AMOCO PIPELINE COMPANY		Address (Give address to which approved copy of this form is to be sent) P.O. BOX 702068 TULSA, OKLAHOMA 74170-2068									
Name of Authorized Transporter of Casinghead Gas X or Dry Gas CPM GAS CORPORATION					Address (Gi	ve address to wh	ich approved	copy of this form is to be sent)  ODESSA, TEXAS 79762			
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 24	Twp. 19S	Rge. 24E	Is gas actually connected? Whe						
If this production is commingled with the IV. COMPLETION DATA	t from any oth	er lease or	pool, give	comming	ing order num	ber:	<del></del>		0-0-00	<del></del>	
IV. COMPLETION DATA		Oil Well		as Well	New Well	Workover		) <u> </u>		<b></b>	
Designate Type of Completion	1 - (X)	i i	ĺ	AP AACII	I MEM MEII	Workover	Deepen	Plug Back  S	ame Res'v	Diff Res'v	
Date Spudded	Date Comp	Date Compl. Ready to Prod.			Total Depth	4		P.B.T.D.	·· <u></u> -	<u> </u>	
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations					<u> </u>			Depth Casing Shoe			
			<del> </del>								
TUBING, CASING ANI HOLE SIZE CASING & TUBING SIZE					CEMENTI		)				
TIOCE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
	<del> </del>		<del></del>		<del></del>						
. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE	1				<u> </u>	<del></del>		
IL WELL (Test must be after	recovery of tol	al volume o	f load oil	and must b	e equal to or	exceed top allow	vable for this	depth or be for	full 24 hours	.)	
ate First New Oil Run To Tank	Date of Test	t			Producing Me	thod (Flow, pur	φ, gas lift, e	ic.)			
ength of Test	Tubing Pressure				Casing Pressure			Choke Size			
actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL		<del></del>	<del></del>					L			
actual Prod. Test - MCF/D						Bbis. Condensate/MMCF			Gravity of Condensate		
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
T ODED ATOD CEDTURE	A TITE OTT	001 m	7,370	<del>,,,</del>   <sub>1</sub>		· · · · · · · · · · · · · · · · · · ·					
I. OPERATOR CERTIFIC  I hereby certify that the rules and regula  Division have been complied with and	ations of the O	il Conserva	tion	E	C	IL CONS	SERVA	TION DI	VISIO	1	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved			OCT 2 0 1993			
Mort Come					_	<b>~</b>		10MCA 40			
Signature MONTE C. DUNCAN ENGR. ASST.					By ORIGINAL:SIGNED BY MIKE WILLIAMS						
Printed Name Title					Title SUPERVISOR, DISTRICT II						
10-8-93 393-7191 Date Telephone No.					TILLE						

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.

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.