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Sut mit 5 Copies Appropriate District Office DISTRICT I		New Mexico atural Resources Department	Form C-104 Revised 1-1-89 RECEIVED See Instructions
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II		ATION DIVISION	is CEIVED See Instructions at Bottom of Page
P.O. Drawer DD, Antesia, NM 88210 DISTRICT III	Santa Fe, New 1	Box 2088 Mexico 87504-2088	C. C. D.
I. TO TRANSPORT OIL AND NATURAL GAS			
Operator		IL AND NATURAL GAS	Well API No.
Texaco Exploration and Production Inc.30-015-26164AddressP.O. Box 730 Hobbs, New Mexico 88240			
Reason(s) for Filing (Check proper box)		X Other (Please explain)	
New Well	Change in Transporter of: Oil X Dry Gas Casinghead Gas Condensate	Effective 9-1	4–92
If change of operator give name and address of previous operator			<u> </u>
II. DESCRIPTION OF WELL		<u></u>	
Neff 13 Federal	Well No. Pool Na ne, Inclu 3 Livingst	ding Formation	Kind of Lease Lease No. State Federal or Fee NM-29233
Unit LetterO		South Line and 1980	Feet From The EastLine
Section 13 Townsh	ip 22-S Range 31-E	, NMPM,	Eddy County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil EOIT Engrov Operating Lip Address (Give address to which approved copy of this form is to be sent)			
Enron Trading and Tran Name of Authorized Transporter of Casir	EQTT Energy Operating LP	P.O. Box 1188 Houst	proved copy of this form is to be sent) COL. Texas 77251-1188 proved copy of this form is to be sent)
Texaco Exploration and If well produces oil or liquids,	d Production Inc.	P.O. Box 730 Hobbs	New Mexico 88240
give location of tanks.	H 13 228 31E	Is gas actually connected?	When ? 6/25/90
If this production is commingled with that IV. COMPLETION DATA	from any other lease or pool, give comming	gling order number:	
Designate Type of Completion		New Well Workover Dee	pen Plug Back Same Res'v Diff Res'v
Date Spudded	Date Compl. 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			Depth Casing Shoe
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE	CEMENTING RECORD	
	CASING & TOBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUES			
OIL WELL (Test must be after r. Date First New Oil Run To Tank	ecovery of total volume of load oil and must Date of Test	be equal to or exceed top allowable for Producing Method (Flow, pump, gas	or this depth or be for full 24 hours.) lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
GAS WELL	L		
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VL OPERATOR 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 above is true and complete to the best of my knowledge and belief.		OIL CONSERVATION DIVISION	
M. C. Augusta		Date ApprovedSEP 1 7 1992	
Signature M.C. Duncan Engineer's Assistant		ByORIGINAL SIGNED BY MIKE WILLIAMS	
Printed Name Title 7-27-92 393-7191		TitleSUPERVISOR, DISTRICT IN	
Date 393-/191 Telephone No.			
INSTRUCTIONS: This form is to be filed in compliance with Pule 1104			

INSTRUCTIONS: This form is to be filed in compliance with Kule 1104
 Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
 All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool :n multiply completed wells.