2		· _				1. N.			USF_	
Submit 5 Copies Appropriate District Office	1	Energy, N		lew Mexico tural Resources Department			Form C-104 T Revised 1-1-59 See Instructions		1.1.89 WT	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II	(	OILC		· · · · ·	TION DIVISION				m of Page UP	
P.O. Drawer DD, Astenia, NM 88210		Sa	P.O. B Inta Fe, New M	lox 2088 Jerico 875	04-2088					
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQL		OR ALLOWA			ZATION				
I.	• 	TO TR/	NSPORT OI	L AND NA	TURAL GA					
Openator Texaco Producing Inc.								-015-26165		
Address P. O. Box 730	Hobbs,	New Me	exico	88240				•		
Reason(s) for Filing (Check proper box)		<u>.</u>		RECEP	en Please expla	in)				
New Well	-	Change in	Transporter of:							
Change in Operator	Oil Casinghea	d Gas 🗍	Dry Gas	007 05	10.0					
If change of operator give name				<u>- OCT 25</u>	-89				J	
222 2ddress of previous operator II. DESCRIPTION OF WELL		LCF		<b>O.</b> C.	D.			·		
Lezie Name	AND LEA	Well No.	Pool Name, includ	ARTESIA, C	FFICE	Kind	of Lease	Le	ase No.	
Neff 13 Federal		2	Livingston	Ridge ()	Jaware	State,	Federal or Fee	NM-2	9233	
Location Unit LetterH	_:198	30	Feet From The _N	orth_Lin	e and <u>660</u>	Fo	et From The <u>E</u>	ast	Line	
Section <sup>13</sup> Townshi	_ 22-5	5	8	N		Eddy	,		6	
	<u> </u>		Range 31-E	, N	MPM,				County	
III. DESIGNATION OF TRAN	SPORTE					·······				
Name of Authorized Transporter of Oil							copy of this form			
Texaco Trading & Trans			or Dry Gas				, TX 79711-0196 copy of this form is to be sent)			
		<u> </u>			ease for	fuel				
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected?   H 13 225 31E 1						?			
If this production is commingled with that i	form any oth	er lease or	pool, give comming	ling order num	ber:	<b>_</b>		····		
IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Designate Type of Completion		x		x		2				
Date Spuided	Date Comp	<b>ii. Ready to</b> .5 <b>-</b> 89	Prod.	Total Depth			P.B.T.D.			
9-7-89 Elevations (DF, RKB, RT, GR, etc.)	Name of Pr		mauon	8450 Top Oil/Gas Pay			7300 Tubing Depth			
3612 GR	Brushy	/ Canyo	on	7076			7252			
7126-28, 33-35, 54-56, 59-61								Depth Casing Shoe 8450		
TUBING, CASING AND CEMENTING RECORD										
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			*****	KS CEME		
<u>14-3/4"</u> 10-5/8"	<u> </u>	11-3/4"			. 838' 4520'			culate		
7-7/8"	<u>8-5/8"</u> 5-1/2"			8450'			1283 (circulated) 1635 Port IN-2			
	27/8			1	7252				3-89	
V. TEST DATA AND REQUES								rom	RYBK	
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Tes		vj socia ou and must		exceed top allow thod (Flow, pur		the second s	ші 24 hours	<u></u>	
10-15-89	10-23-89			Pump						
Length of Test				Casing Pressure			Choke Size			
24 Hr. Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF			
	304			119			98			
GAS WELL							•			
Actual Prod. Test - MCF/D	Length of T	cst		Bbis. Condensate/MMCF			Gravity of Coc.3cnsale			
Testing Method (pitot, back pr.)	Tubing Pressure (Shui-in)			Casing Pressure (Shut-in)		Choke Size				
VI ODED ATOD CEDTIER	ATEOE	$\overline{\mathbf{C}}$		\r	<u></u>		1	······		
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation					DIL CON	SERVA	ATION DI	VISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						-	OCT 3 1 1989			
					Approved	l	061 01	1993		
Ja Hear				    By		ORIGIN	AL SIGNED	87		
Signific J. A. Head · Area Manager							MERALO	<u>اب ا</u>		
Printed Name 3.2 Title							Viseix, etc.	FRICT I		
<u>10-23-89</u> Dale	<u>(505)</u>	<u>393–710</u> Telep	91. No.	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.

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.