Submit 5 Copies
Appropriate District Office
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe. New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		Sant	a Fe. New M	1exico 875	04-2088					
I.	REQL	EST FO	ALLOWA	BLE AND	AUTHORI	ZATION				
Operator Operator		10 TRAN	SPORT OI	<u>L AND NA</u>	TURAL G					
Texaco Exploration an	Well			API No. 30-015-26288						
P.O. Box 730 Hobbs,	New Me:	kico 88	24C							
Reason(s) for Filing (Check proper box)				Oth	er (Please expl	ain)	· · · · · · · · · · · · · · · · · · ·			
New Well Recompletion		Change in Tr		Гf	fective	0 1 02				
Change in Operator	Oil Casinghea		ry Gas	EI	rective	0-1-92				
If change of operator give name and address of previous operator		<u> </u>								
II. DESCRIPTION OF WELL	AND LE	ASE								
ease Name Well No. Pool Name, Irol				ing Formation		Kind	of Lease No.			
Getty Federal 24 Location	I	! ;	-			Federal or Fee NM-29233				
Unit Letter B	. 6	60 _{E.}	set From The $\frac{Nc}{2}$	orth .	. 2	310 -		East	,	
	22.6				and	Fe	et From The	Last	Line	
			inge 31-E		мрм,		F	Eddy	County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTEI	or Condensate	AND NATU			·				
			i e	(Give address to which approved copy of this form is to be sent)						
Enron Trading and Transportation Name of Authorized Transporter of Casinghead Gas X or Dry				P.O. Bo	х <u>1188 н</u>	ouston,	Texas 77251-1188			
Texaco Exploration and Production			Dry das	Address (Give address to which approved P.O. Box 730 Hobbs, Ne			copy of this form is to be sent)			
If well produces oil or liquids,				Is gas actually	X /30 Ho	bbs, Ne When	<u>w Mexico 8</u>	<u> 38240 </u>		
give location of tanks.	ici	24 2	2S 131E	Yes	:	į wnen	10-16-	.90		
If this production is commingled with that it. V. COMPLETION DATA	from any other	r lease or poo	l, give coaming	ling order numb	er:		10 10			
TV. COMPLETION DATA		10:: 22: 11								
Designate Type of Completion		Oil Well	Cas Well	New Well	Workover	Deepen	Plug Back Sar	ne Res'v	Diff Res'v	
Date Spudded	Date Compl	. Ready to Pro	×d.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	tion	Top Oil/Gas Pay			Tubing Depth					
Perforations										
							Depth Casing Sl	100		
	TT	JBING, CA	SING AND	CEMENTIN	G RECORT	<u> </u>	<u> </u>			
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
							SAGAS SEMENT			
				*		······································				
. TEST DATA AND REQUES										
OIL WELL (Test must be after re Date First New Oil Run To Tank	covery of tota	d volume of lo	ad oil and must	be equal to or e	xceed top allow	vable for this	depih or be for fi	ul 24 hour	s.)	
	Date of Test		м.	Producing Met	hod (Flow, pun	φ, gas lift, et	c.)			
ength of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
							Gas- MCF			
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
sting Method (pita, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
					(01101-111)		Choke Size			
T. OPERATOR CERTIFICA	TE OF	COMPLL	ANCE							
I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION						
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 498 1 2 1992						
5 1 a			,	Date /	Approved		- 790 L X	1992		
M. C. Lyman										
Signature	engineer	's Assi	at ant	Ву				. .		
Printed Name	""ETHER!	. s Assi Tide				÷		: : 6		
7-27-92 Date		<u>393-7</u>	191	little_		 	<u> </u>	. "		
J-40		Telephon	No.	Į.						

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

- 1) Request for allowable for newly drilled or deepened well and at 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.
- 3) Fill out only Sections I, II, III, and VI for changes of overable well name or number trans