Submit 5 Copies Appropriate District Office DISTRICT 1		New Mexico atural Resources Departmen.	Form C-104 Revised 1-1-89 See Instructions
P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210		ATION DIVISION 30x 2088	at Bottom of Page ${}^{U}$
DISTRICT III 1000 Rig Brazes Rd. Azec. NM 87410			
I. TO TRANSPORT OREA END AUTHORIZATION			
Texaco Exploration an	d Production Inc. M	-V 0 0 +000	ul API No. 0-015-26979
P.O. Box 730 Hobbs, New Mexico 88240 O.C.D.			
New Well     Image in Transporter of:       Recompletion     Oil       Dry Gas			
Change in Operator Casinghead Gas Condensate			
and address of previous operator			
Lesse Name Neff 13 Federal	Well No. Pool Name, Inclus		nd of Lease Lease No. Le Federal or Fee NM-29233
Location Unit Letter L	_ :	South_Line and330	Feet From The West Line
Section 13 Townshi	ip 22-S Range 31-E	, NMPM,	Eddy County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Texaco Trading and Tra	-	Address (Give address to which approv P.O. Box 60628 Mid	ed copy of this form is to be sent) land, TX 79711-0628
Name of Authonized Transporter of Casin Texaco Exploration and		Address (Give address to which approved copy of this form is to be sent) P.O. Box 730 Hobbs, New Mexico 88240	
If well produces oil or liquids, give location of tanks.	Unit         Sec.         Twp.         Rge.           H         1.3         22S         31E		en ? 5-14-92
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA			
Designate Type of Completion	- (X) Oil Well Gas Well	New Well Workover Deepen X	Plug Back Same Res'v Diff Res'v
Date Spudded 4-12-92	Date Compl. Ready to Prod. 5-11-92	Total Depth 8378 '	P.B.T.D. 8300'
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
GR-3557', KB-3569' Perforations	Brushy Canyon	7010'	7138 <sup>†</sup> Depth Casing Shoe
7010'-7034', 7056'-706		(TE) (TE) TE ODE	8378'
HOLE SIZE	CASING & TUBING SIZE	CEMENTING RECORD DEPTH SET	SACKS CEMENT
14 3/4	11 3/4	832'	535 sx (circ)
11	<u>8 5/8</u> 5 <del>3</del>	4400'	1150 sx (circ)
		8378'	<u>1650 sx (circ)</u> DV Tool @ 6013'
V. TEST DATA AND REQUES OIL WELL (Test must be after ro	TFOR ALLOWABLE ecovery of total volume of load oil and must	be equal to or exceed top allowable for t	TOC @ 620'
Date First New Oil Run To Tank 5-14-92	Date of Test 5-14-92	Producing Method (Flow, pump, gas lift, Pumping 2.5 x 1.75 x	elc.) Post ID-2
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size wanys + B K
Actual Prod. During Test 2029 GOR	Oil - Bbls. 35	Water - Bbls. 288	Gas- MCF 71
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
VI. 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 line and complete to the best of my harvieldes and helief			
is true and complete to the best of my knowledge and belief. $Sm(r)$		Date Approved MAY 2 5 1992	
Signature M.C. Duncan Engineer's Assistant		By TRADING MINED RY	
Printed Name Title Title SUPURVISOR DISTRICT		OR DISTRICT	
5-15-92         393-7191         IIII           Date         Telephone No.         IIII			
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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.

All sections of this form must be filled cut 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 in multiply completed wells.