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O. Drawer DD, Artesia, NM 88210

DISTRICT III

State of New Mexico

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

See Instructions at Bottom of Page



I.						AUTHOR ATURAL G			-		
Operator	TT OIL	C AND IV	TIONALC	Well	II API No.						
Texaco Exploration and Production Inc. Address							30	015 05865	<u> </u>		
	New Mexico	88240	D-2528								
Reason(s) for Filing (Check proper be	x)		_			her (Please exp				· - · · · · · · · - · · · · · · · · · · 	
New Well	Oil	Change in	Transporte Dry Gas	r of:	E	FFECTIVE (5-1-91				
Change in Operator	Casinghea	d Cas 🗀	Condensat	Le 🗍							
If change of operator give name and address of previous operator	exaco Inc.	P. 0.	Box 73	0 F	lobbs, Ne	w Mexico	88240-2	528			
II. DESCRIPTION OF WE	LL AND LEA	ASE									
Lease Name		Well No.	Pool Name, Including		•			of Lease Federal or Fee	Lesse No.		
R T WILSON FEDERAL		2		MASON DELAY		WARE, NORTH		FRAL	902300		
Unit Letter P	. 660		Feet From	The SO	DUTH LI	ne and66	0· F	eet From The E	AST	Line	
Section 24 Township 26:		5S	Range 31E			, NMPM,			EDDY County		
III. DESIGNATION OF TR	ANSPORTE	D UE UI	II. AND	NATTI	DAI GAS						
Name of Authorized Transporter of C	ii 🔽	or Conden		ייה <i>ו</i> טויה. רן			hich approved	copy of this for	m is to be s	eni)	
Texaco Trading & Transport					16825 Northchase Blvd., Ste. 600 Houston, Texas 770						
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Phillips 66 Natural Gas Co.					Address (Give address to which approved copy of this form is to be sent) 990G Plaza Office Bldg. Bartlesville, Oklahoma 74004						
If well produces oil or liquids, give location of tanks.	Sec. 24	Twp. 26S	Rge. 31E	is gas actually connected? When YES							
If this production is commingled with	that from any other	er lease or p	ood, give o	ommingli	ing order mur	nber:					
IV. COMPLETION DATA		Oil Well	Gas	Well	New Well	Workover	Deepen	Plug Back S	iame Res'v	Diff Res'v	
Designate Type of Complete		<u>i</u>	<u>_i_</u>		Tarel David	<u>i</u>	<u>i </u>	<u>L</u>			
Date Spudded	Date Comp	i. 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							<u>.</u>	Depth Casing Shoe			
	T	UBING.	CASING	AND	CEMENTI	NG RECOR	D.	<u> </u>			
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
										·	
								 			
V. TEST DATA AND REQU											
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test					to be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)						
		•							aste.	D ID.	
Length of Test	Tubing Pres	Tubing Pressure			Casing Pressure			Choke Size	6.	D FD. 7-91	
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbis.			Gas- MCF	E.A	900	
GAS WELL								L		·	
tual Prod. Test - MCF/D Length of Test					Bbls. Conder	sate/MMCF		Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Press	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
UI ODED AMOD ODD	10 A 7777 OT		TA > 1								
VI. OPERATOR CERTIF				t		DIL CON	ISERVA	ATION D	IVISIO	N	
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 n	ny knowledge and	belief.			Date	Approve	d <u>Jun</u>	<u> - 4 199</u>	<u> </u>		
IMM:	(Per)							. :			
Signature Discourse					By ORIGINAL SIGNED BY						
K. M. Miller Div. Opers. Engr. Printed Name Title					MIKE WILLIAMS Title_SUPERVISOR, DISTRICT IF						
May 7, 1991		915-6	88-4834	4	i me	JUI LIVE	Jon, Dio				
Date		Telepi	hone No.		1						

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.
- 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.