Submit 5 Copies
Appropriate District Office
DISTRICT I P.O. Box 1980, Hobbe, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Departme-

JIL CONSERVATION DIVISION

JUN 0 4 1991

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

O. C. D.

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 I.	REQ	JEST F	OR A	ALLC	WAE T OIL	BLE AND A	AUTHORI	IZATION ^{®T} AS	ESIA, OFFIC	E		
Operator						Wel			API No.			
Texaco Exploration and Production Inc.						<i>_</i>	30 015 - 05887					
P. O. Box 730 Hobbs, Ne	w Mexic	o 8824	0-25	528								
Reason(s) for Filing (Check proper box)						_	t (Please exp	-				
New Well	Change in Transporter of: EFFECTIVE 6-1-91 Oil Dry Gas											
Recompletion	Oil Casinghe	-4 <i>G</i> = -	- ·	Gas densate								
If shares of exemptor give same	co Inc.			730		lobbs, Nev	v Mexico	88240-2	528			
•	ANDIE	ACE										
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Include						ng Formation			of Lease No. Federal or Fee 999690			
E D WHITE FEDERAL NCT 1 4 MASON DELA						WARE, NORTH FEDE						
Location Unit Letter	:166	0.9	_ Feet	From 7	The Ec	s & Line	and <u>164</u>	3.8 R	et From The _	Safl	Line	
Section 26 Township 26S Range 31E						, NMPM,			EDDY County			
III. DESIGNATION OF TRAN	SPORTE	ER OF C	IL A	ND N	ATU	RAL GAS						
Name of Authorized Transporter of Oil P&A		or Conde	nsale]	Address (Giw	e address to w	hich approved	copy of this fo	rm is to be se	nt)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas P&A						Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.			Is gas actually connected? When			?					
If this production is commingled with that	from any oti	her lease or	pool,	give co	mmingi	ing order numb	er:					
IV. COMPLETION DATA		louw.		01	12.11	L M W. 11	31/- 4	<u> </u>	December 6	C D	him notes	
Designate Type of Completion	- (X)	Oil Wel	u 	Gas \	well	New Well	Workover	Deepen	Plug Back	Same Kes v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.					Total Depth	•••		P.B.T.D.	-	. 	
Elevations (DF, RKB, RT, GR, etc.)	etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations									Depth Casing Shoe			
	1	TUBING.	, CAS	SING	AND	CEMENTIN	IG RECOR	ED .				
HOLE SIZE	CASING & TUBING SIZE						DEPTH SET		SACKS CEMENT			
			<u> </u>						-			
									 			
	 											
V. TEST DATA AND REQUES												
OIL WELL (Test must be after no Date First New Oil Run To Tank	Date of Te		of load	d oil an	id must			owabie jor ini ump, gas lifi, e		r juli 24 how	3.)	
DRE FIR I'V OI ROL TO TAIL	Date of Te											
Length of Test	Tubing Pressure				Casing Pressur	re '		Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF				
GAS WELL	L					L			· L			
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condens	ate/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 true and complete to the best of my knowledge and belief.					OIL CONSERVATION DIVISION							
ZM. M. Ilos)					Date Approved JUN - 4 1991 By Mike Welliams							
Signature K. M. Miller Div. Opers. Engr.												
Printed Name May 7, 1991	lame Title May 7, 1991 915–688–4834					Title SUPERVISOR, DISTRICT II						
Date		Tele	enhone	No.		11						

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.