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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Department of Minerals and Natural Resources

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

CLSF
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REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | | |
|--|---|---|
| Operator Texaco Exploration and Production Inc. | | Well API No. 30 015 05897 |
| Address P. O. Box 730 Hobbs, New Mexico 88240-2528 | | |
| Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) EFFECTIVE 6-1-91 | | |
| New Well <input type="checkbox"/> | Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/> | |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Change in Operator <input checked="" type="checkbox"/> | | |
| If change of operator give name and address of previous operator Texaco Producing Inc. P. O. Box 730 Hobbs, New Mexico 88240-2528 | | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|---|---|---------------------|
| Lease Name EDDY AG A STATE | Well No. 3 | Pool Name, Including Formation MASON DELAWARE, NORTH | Kind of Lease State, Federal or Fee STATE | Lease No. 188300 |
| Location Unit Letter <u>E</u> : <u>1757</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>WEST</u> Line Section <u>36</u> Township <u>26S</u> Range <u>31E</u> , NMPM, <u>EDDY</u> County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|---|--|-------------------|--------------------|--------------------|-----------------------------------|----------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian <u>SCURLOCK PERMIAN CORP EFF 9-1-91</u> | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183 Houston, Texas 77251-1183 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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. | Unit <u>C</u> | Sec. <u>36</u> | Twp. <u>26S</u> | Rge. <u>31E</u> | Is gas actually connected? YES | When? 11/55 |

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 | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded | Date Compl. 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 | | | | | | Depth Casing Shoe | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| | | | | | Post ID-3 | | | |
| | | | | | 5-31-91 | | | |
| | | | | | chg op name | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

| | | | |
|--------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tank | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas- MCF |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, 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.

Signature K. M. Miller
K. M. Miller Div. Ops. Engr.
Printed Name May 7, 1991
Date 915-688-4834
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 24 1991

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.