Submit 5 Copies
Appropriate District Office P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Fnergy, Minerals and Natural Resources Departme

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT II				P.O. Bo							
ISTRICT II O. Drawer DD, Artesia, NM 88210		Sa	nta Fe	, New Mo	xico 8750	4-2088		JUN 0 4 19	91		
ISTRICT III 200 Rio Brazos Rd., Aztec, NM 874	10 REQI	JEST F	OR A	LLOWAE	LE AND A	UTHORI	ZATIO				
,	11501	TO TRANSPORT OIL				AND MATHDAL GAC '			CE		
Decrator Decrator							Wa	EIT APPNO.			
Texaco Exploration and I	Production	inc.					3	0 015 2435	<u> </u>		
Address  2. 0. Box 730 Hobbs.	New Mexic	0 8894	0-252	28					_		
Reason(s) for Filing (Check proper bo		0 0024	<u> </u>		X Othe	e (Please expl	lain)				
Vew Well		Change in			EF	FECTIVE 6	-1-91				
Recompletion [77]	Oil	누	Dry G	_							
Change in Operator	Caringhe		Conde								
change of operator give name de address of previous operator	exaco Prod	ucing In	с	P. O. Bo	x 730 F	lobbs, Ne	ew Mexi	co 88240-1	2528	<del></del>	
I. DESCRIPTION OF WEI	LL AND LE	ASE							<del></del>		
Lease Name Well No. Pool Name, Includi					St Communica			te, Federal or Fee 637830		ase No. RO	
SALT MOUNTAIN 25 FED	ERAL	1 1	BRU	SHY DRAV	V DELAWA	KE	IFE	DERAL	1 3.30	· · · · · · · · · · · · · · · · · · ·	
ocation O	. 660	0	F F	rom The SC	UTH Line	198	0	Feet From The	EAST	Lipe	
Section 25 Tow	ruship 2	265	Range	29E	, NN	ирм,		EDDY		County	
II. DESIGNATION OF TR	ANCDADTT	TD OF O	TT. AR	ID NATTI	RAL GAS						
II. DESIGNATION OF TR Name of Authorized Transporter of C	IANSPORTI	or Conde	nsate		Address (GIW			oved copy of this j			
Navajo Refining Co. Pipeline					P. O. Box 159 Artesia, New Mexico 88210  Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of C	Casinghead Gas	X	or Dry	y Gas				oved copy of this ) bbs, New Mo			
	Unit	Sec.	Twp.	Rge	<del></del>			hen?	<u> </u>		
if well produces oil or liquids, ive location of tanks.	1 0	25	265		, -	YES	<u>_</u>		/21/84		
this production is commingled with	that from any of	ther lease or	pool, g	ive comming	ling order numb	per:					
V. COMPLETION DATA							7 -	m. Dest	Cama Basti	Diff Res'v	
Designate Type of Complet	rion - (X)	Oil Wel	u j	Gas Well	New Well	Workover	Deepe	n   Plug Back	Same Res'v	jun kerv	
Date Spudded		npi. Ready t	o Prod.		Total Depth			P.B.T.D.		<del>-                                    </del>	
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation					T 0:1/0 0						
					Top Oil/Gas Pay			Tubing Dep	Tubing Depth		
Perforations					<u> </u>			Depth Casi	ng Shoe	-	
2 MINIMANA											
		TUBING, CASING AND							T		
HOLE SIZE	C	CASING & TUBING SIZE			DEPTH SET				SACKS CEMENT		
					ļ						
				_ <del></del>	1						
V. TEST DATA AND REQ	UEST FOR	ALLOW	ABLE	<u> </u>					£ £ 11 0 4 1	1	
OIL WELL (Test must be a	fier recovery of	total volum	e of load	i oil and mus	be equal to or	exceed top at ethod (Flow, )	Howable for	r this depth or be lift_etc.)	Jor Juli 24 hou		
Date First New Oil Run To Tank	Date of T	est			Producing M	ediou (Filow, )	rary, gus	·7·, ····/	profi	150	
Length of Test	Tubing P	Tubing Pressure				ure		Choke Size	Choke Size 6 - 7 - 9/		
sought or 1994								- D- 1200	Gas-MCF Cha OP		
Actual Prod. During Test	Oil - Bbl	Oil - Bbls.				Water - Bbls.			ing	- U /-	
					<u></u>			1			
GAS WELL					15G- A-2	ente A A I PE		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length o	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing P	ressure (Sh	ut-in)		Casing Press	ure (Shut-in)		Choke Size	<del></del>		
restrict (bece, once b.)			-						<u>-</u>		
VI. OPERATOR CERTI	FICATE O	F COM	PLIA	NCE			NOEF	RVATION	חואופוע	NI.	
I hereby certify that the rules and	regulations of th	ne Oil Cons	ervation			JIL UU	いるにて	IVATION	אפועוטו	ノハ	
Division have been complied with	n and that the inf	formation gi	iven abo	ve	1		لسد	JUN -	4 1981		
is true and complete to the best of	my knowledge	AUG DEHEI.			Date	Approv	ea	<b>30</b> 11	- 1001		
1mm:11.					ORIGINAL SIGNED BY						
Signature Div Cooke Engr					∥ By_	By MIKE WILLIAMS					
K. M. Miller Printed Name		Div. Opers. Engr.				SUPERVISOR, DISTRICT IT					
May 7, 1991		915-688-4834									

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

Date

- 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.

Telephone No.

- 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.