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## **CIL CONSERVATION DIVISION**

RaCintab

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

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

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

OISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR TO TRANS	ALLOWAE	SLE AND	AUTHORIZ				
Openior Texaco Exploration and Production Inc.				Well API NO. C. D.  30 048TESIAS OFFICE				
Address	w Mexico 88240-25	528						
Reason(s) for Filing (Check proper box)	W MEXICO 88240-2	320	X Out	et (Please expla	in)			
New Well	Change in Tran	sporter of:	EF	FECTIVE 6-	-1-91			
Recompletion		Gas 🔲						
Change in Operator		densate						
change of operator give name		P. O. Box	- 730	Hobbe Nov	y Movico	88240-25	20	
ad address of previous operator	AND LEASE	F. O. BO.	X 700	nobbs, Nev	WIERICO	00240-20		
Lease Name	DESCRIPTION OF WELL AND LEASE  Well No.   Pool Name, Including			ne Formation Kind			Leas	e No.
SALT MOUNTAIN 25 FEDERAL 2 BRUSHY DRAW			į Sta			Federal or Fee 637830		
Location	, <u> </u>				11	· • • • • • • • • • • • • • • • • • • •	<del></del>	
Unit LetterJ	: 1655 Fed	t From The SO	UTH Lin	e and2325	Fec	t From The EA	ST	Line
Section 25 Townshi	p 26S Ran	ige 29E	, <u>N</u>	мрм,		DDY		County
ጠ - ከድር፤ሮአኔቸ፤ለአ ለድ ቸው ላእ	SPORTER OF OIL A	ND NATII	RAL GAS					
II. DESIGNATION OF TRANSPORTER OF OIL AND NATUI  Name of Authorized Transporter of Oil			Address (Give address to which approved copy of this form is to be sent)  P. O. Box 159 Artesia, New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Conoco Inc.			Address (Give address to which approved copy of this form is to be sent) P. O. Box 460 Hobbs, New Mexico 88240					
If well produces oil or liquids, give location of tanks.			Is gas actually connected? When YES			? UNKNOWN		
f this production is commingled with that IV. COMPLETION DATA	from any other lease or pool,	give comming	ing order num	ber:				
Designate Type of Completion	- (X)	Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Proc	d.	Total Depth			P.B.T.D.		
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations			<u> </u>			Depth Casing S	ihoe	
	TUBING, CA	SING AND	CEMENT	NG RECOR	D			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
						<u> </u>		
							····	
V. TEST DATA AND REQUE	ST FOR ALLOWABL recovery of total volume of lo	E	be equal to a	exceed top allo	owable for this	depth or be for	full 24 hours.	.)
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test	GG OH G/M //MOI	Producing N	lethod (Flow, pu	mp, gas lift, e			
Date Pirk New Oil Run 10 1811K	WOII RUIL TO TAILE DAKE OF TEST			,,	,,,		carter	150-
Length of Test	Tubing Pressure		Casing Pressure			Choke Size 6-7-91		
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Choke Size 6-7-91  Gas-MCF Chg OP		
GAS WELL							•	
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF			Gravity of Condensate		
Festing Method (pilot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC  1 hereby certify that the rules and regularities been complied with and	lations of the Oil Conservatio	<b>X</b> G		OIL CON		ATION D	_	N
is true and complete to the best of my	knowledge and belief.		Date	e Approve	u	IUN - 4 1	991 	
_ 7.M. Willer	<i>)</i>		By_	ORIG	INAL SIG	NED BY		
Signature K. M. Miller Div. Opers. Engr.  Printed Name Title			MIKE WILLIAMS SUPERVISOR, DISTRICT IT					
Printed Name	110	16	Title					

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

May 7, 1991

Date

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

915-688-4834

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.