Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

DISTRICT¹II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico. Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Texaco Exploration & Production Inc. Address 3300 N. Butler, Farmington, New Meyico, 27401						Well API No. 30-039-05725			
Reason(s) for Filing (Check proper box) New Well	Change is	Transporter of:	Othe	τ (Please expla	iùi)		-		
Recompletion	Oil	Dry Gas							
Change in Operator	Casinghead Gas	Condensate							
If change of operator give name and address of previous operator	XACO INC. 3	300 N. BU	TLER, F	ARMINGT	ON, NM	87401			
II. DESCRIPTION OF WELL									
Lease Name Well No. Pool Name, Incl			ling Formation		Kind o	Kind of Lease		ease No.	
	2	SOUTH	BLANCO PO	3 	State	Federal or Fee	CONTRA	ACT #68	
Location I Unit Letter	1590	Feet From The	OUTH Line	and99	0 Fe	et From The	EAST	r Line	
Section 31 Townshi	25N	Range 51	M , NN	ирм,		O ARRIB	A	County	
III. DESIGNATION OF TRAN	ያያያስመተር ነው ለ የ	II AND NATI	IDAT CAC						
Name of Authorized Transporter of Oil	or Conde			e address to wh	ich approved	copy of this form	1 is to be se	nt)	
Name of Authorized Transporter of Casin TEXACO EXPL. & PRO	ghead Gas A OD. INC.	or Dry Gas	Address (Give 3300	n. BUTI	ich approved LER, FA	copy of this forn RMINGTO	n is to be se	71) 87401	
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.		connected?	When				
If this production is commingled with that IV. COMPLETION DATA	from any other lease or	pool, give comming	ding order numb	жг:					
Designate Type of Completion	- (X)	I Gas Well	New Well	Workover	Deepen	Plug Back Sa	ıme Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready t	o Prod.	Total Depth		<u> </u>	P.B.T.D.		_1	
Elevations (DF, RKB, RT, GR, etc.)	ations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Perforations				Depth Casing Shoe					
	TURING	, CASING AND	CEMENTI	NG RECOR	D	<u> </u>			
HOLE SIZE	CASING & T	DEPTH SET			SACKS CEMENT				
 									
									
V. TEST DATA AND REQUES		Thi E							
	recovery of total volume		t be equal to or	exceed top allo	mable for this	denth or he for	full 24 hou	ec l	
Date First New Oil Run To Tank	Date of Test	<u> </u>		thod (Flow, pu					
							ા <i>ુ</i> % ા	\$ Q %	
Length of Test	Tubing Pressure	Tubing Pressure		Casing Pressure			Choke Size AUG 1 5 1991.		
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.			OIL CON. DIV				
GAS WELL			_1				DIST.		
Actual Prod. Test - MCF/D	Length of Test		Bbls. Conden	sate/MMCF		Gravity of Con	densate		
					·				
l'esting Method (pitot, back pr.)	Tubing Pressure (Shu	Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC) COr	ISEDV	ATION D	ווופור) NI	
I hereby certify that the rules and regul Division have been complied with and					OENV/	THOR D	141216	JIN .	
is true and complete to the best of my			Date	Approve	d A	UG 1 5 19	91		
12021						\	,		
Sign Ted A. Tipton Area Manager				By 3 Chang					
Printed Name 8-9-91	(505)32	Title 397	Title		SUPERI	ISOR DIST	RICT #	3	
Date	Tel	ephone No.							

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) Senarate Form C-104 must be filed for each rood in multiply completed wells

