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

## 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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	T	O TRANS	SPORT OIL	AND NA	TURAL G						
Operator Well								API No. 039 05879			
Texaco Exploration and Production Inc.							039 0387	<del></del>			
	ngton, New	/ Mexico	87401								
Reason(s) for Filing (Check proper box)	<u> </u>				er (Piease expl						
New Well		Change in Tra		EF	FECTIVE 6	-1-91					
Recompletion	Oil Casinghead		y Gas 📙 ndensate 🗍								
change of operator give name	<del></del>				<b></b>	N					
address of previous operator 1ex	aco Pandu	cing inc.	3300 No	rth Butler	Farmin	<u>qton, Nev</u>	<u> Mexico</u>	<u>87401</u>	<del> </del>		
I. DESCRIPTION OF WELL	AND LEA										
Lease Name	ing Formation			Kind of Lease State, Federal or Fee 61298		ease No. RO					
LYDIA RENTZ		5 B	LANCO P.C.	SOUTH (G/	45)	FEDE	RAL				
Unit Letter P	: 1190	Fe	et From The SO	UTH Lin	and990	) Fe	et From The	EAST	Line		
Section 20 Towns	nip 25	N R	nge 3W	, N	мрм,	RIC	ARRIBA	<u></u>	County		
II. DESIGNATION OF TRAI	NSPORTE	R OF OIL	AND NATU	RAL GAS							
Name of Authorized Transporter of Oil or Condensate					Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casi	nghead Gas	or	Dry Gas X	<b>.</b>	e address to w	hich approved	copy of this f	orm is to be se	ent)		
El Paso Natural Gas Com	pany						<del>_</del>	M 87499			
If well produces oil or liquids, ive location of tanks.		Sec. Tv	/p. Rge.	is gas actuali	y connected? YES	When	=	/23/58			
this production is commingled with tha				<del></del>	<del></del>			/ 23/ 38			
V. COMPLETION DATA	,,		., ,					A CONTRACTOR OF THE CONTRACTOR			
Designate Tomo of Commission	· (V)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion Date Spudded		Ready to Pro	<u> </u>	Total Depth	<u> </u>	<u> </u>	P.B.T.D.	<u> </u>			
zate Spuoded	Date Compe	Date Compl. Ready to Prod.			•			S tage S tage			
vations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
							Depth Casing Shoe				
Perforations							Deput Casin	ig Shoe			
	T	JBING, CA	ASING AND	CEMENTI	NG RECOR	D CL	.1		<del></del>		
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
			····				ļ				
			<del> </del>				<del> </del>		<del></del>		
			···								
. TEST DATA AND REQUE	ST FOR A	LLOWAB	LE	L	-		1				
OIL WELL (Test must be after	recovery of tole	al volume of l	oad oil and must					for full 24 hou	<u> </u>		
ate First New Oil Run To Tank Date of Test				Producing M	ethod (Flow, pr	ump, gas lýt, e	<b>ta.)</b> ♦ , ∳%				
ength of Test	Tubing Pressure			Casing Press	іте	<u> </u>	Choké Size				
2250. 01.102	Tuoing Fleasure							0 199	1i		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas-MCF				
				l			1		Filas		
GAS WELL								, ,	<u>}.</u>		
Actual Prod. Test - MCF/D	Length of Test				sate/MMCF		Gravity of C	ondensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Press	ire (Shut-in)		Choke Size		-		
certail integrace (based near by )											
L OPERATOR CERTIFIC	CATE OF	COMPLI	ANCE			10551					
I hereby certify that the rules and regulations of the Oil Conservation				(	DIL CON	NSERV			N		
Division have been complied with and is true and complete to the best of my			bove		• -	_1	MAY 2	2 1991			
,				Date	Approve	a		-			
2.M. Willer				By_		3	1) e	<b>A</b>			
Signature  K. M. Miller  Div. Opers. Engr.					<del></del>			New York			
Printed Name		Tit	le	Title		OUFE	TVISOR [	DISTRIC;	#3		
April 25, 1991		915-688						*****			
Date		Telepho	ne iao.	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.