

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF LEASES COVERED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
OPERATION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 05-01-83  
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REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Texaco Inc. Amended Operator

Address P.O. Box 728, Hobbs, New Mexico 88240 name

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain): Change lease name from State A

If change of ownership give name and address of previous owner: Yucca Salvage Co., 4000 N. Big Springs, Suite 305, Midland TX 79705

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Yucca State</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Vacuum Glorieta</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>B-1838</u>
Location				
Unit Letter <u>0</u> : <u>510</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u>				
Line of Section <u>24</u> Township <u>17-S</u> Range <u>34-E</u> , N.M.P.M. <u>Lea</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"/> <u>Mobil Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 900, Dallas, Texas 75221</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit : Sec. : Twp. : Rge. : Is gas actually connected? : When
	<u>J</u> : <u>24</u> : <u>17-S</u> : <u>34-E</u> : <u>No</u> :

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Howard A. Gerhardt  
A. Gerhardt (Signature)  
Area Superintendent  
(Title)  
2-15-88  
(Date)

OIL CONSERVATION DIVISION  
FEB 23 1988  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY ORIGINAL SIGNED BY JIMMY SEXTON  
DISTRICT SUPERVISOR  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

**IV. COMPLETION DATA**

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	Designate Type of Completion - (X)			
				Oil Well	Gas Well	New Well	Workover
Name of Producing Formation				Top Oil/Gas Pay	Tubing Depth	Perforations	
Locations (DF, RKB, RT, CR, etc.)				Depth Casing Shoe			

<b>TUBING, CASING, AND CEMENTING RECORD</b>			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**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 of Test	Producing Method (Flow, pump, gas lift, etc.)	Length of Test	Actual Prod. During Test
Oil - Bbls.	Water - Bbls.	Gas - MCF	
Tubing Pressure	Casing Pressure	Choke Size	

AS WELL	Length of Test	Bbls. Condensate/MCF/D	Gravity of Condensate
Well & Method (List each well)	Tubing Pressure (Start-In)	Casing Pressure (Start-In)	Choke Size