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

State of New Mexico

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

JUN 0 4 1991

Form C-104 Revised 1-1-89 See Instructions

P.O. Box 2088

T.O. Diawer DD, Amena, NWI 90210		Sa	nta re	, new M	exico 8/30	14-2000		0 0 0			
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410						AUTHORI TURAL G		O. C. D. RTESIA, OFF			
Operator		UIRA	MOF	ON I OIL	אוו טווא.	I UNAL CA	Wall 7	PI No.			
Texaco Exploration and Production Inc.						30 015 05353					
Address P. O. Box 730 Hobbs, Nev	w Mexico	8824	0-252	28							
Reason(s) for Filing (Check proper box)					_	es (Piease expi	-		•		
New Well		Change in	Transp	orter of:	EF	FECTIVE 6	i–1–91				
Recompletion	Oil	ᆜ	Dry G	 □							
Change in Operator	Casinghead	Gas 📗	Conde	amte							
f change of operator give name name and address of previous operator	co Produ	cing Inc	c	P. O. Bo	x 730	Hobbs, Ne	w Mexico	88240-25	528		
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name	ng Formation		State.	of Lease Federal or Fee	68546	ease No. 60					
SKELLY UNIT		57	GRA	YBURG JA	CKSON 7H	VS-QN-GB	-SA (FEDE	RAL	1 5554		
Unit Letter O	UTH Line and 1980 Feet From The EAST Line					Line					
Section 22 Townshi	p 17	78	Range	31E	, N	мрм,		EDDY		County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil	IQ -1	or Conde			Address (Giv			copy of this for			
Texas New Mexico Pipeline	<u> </u>	(%)	or De	Geo [<u>-</u>	ver, Colora			
Name of Authorized Transporter of Casinghead Gas X or Dry G Conoco Inc.					Address (Give address to which approved P. O. Box 460 Hobbs			s, New Mexico 88240			
If well produces oil or liquids,	Unit	Sec.	Twp	Rge.	1 -	y connected?	When		ALOUAN	•	
give location of tanks.	1 A1	22	175			YES	<u>l</u>	UNK	NOWN		
If this production is commingled with that IV. COMPLETION DATA	Irom any our	et lease of	poor, gr	Ae comming	ang order man						
Designate Type of Completion	- (X)	Oil Well	1	Gas Well	New Well	Workover	Deepen	Plug Back	iame Res'v	Diff Res'v	
Date Spudded Date Compi. Ready to Prod.					Total Depth	Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Perforations					Top Oil/Gas	Pay		Tubing Depth			
					1			Depth Casing Shoe			
					OE) (E) MA	NO DECOL	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
		CEMENTI	NG RECOF		DACKS SEMENT						
HOLE SIZE	CAS	SING & TI	UBING	SIZE	DEPTH SET			SACKS CEMENT			
	 										
					<u> </u>					· · · · · · · · ·	
V. TEST DATA AND REQUES OIL WELL (Test must be after t	T FOR A	LLOW	ABLE	, , , all and	he equal to	egreed ton all	lowable for 1L:	e donth ar ha fa	e full 2d bon	es)	
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Tes		oj ioad	ou ana musi	Producing M	ethod (Flow, p	ump, gas lift, e	uc.)	· j=- 64 nou		
Sentuarion on the to term	144 On Rose 10 14ms Date Of 16m					·	-		Ossta	120-3	
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbls.			org	00	
GAS WELL	<u> </u>				<u> </u>						
Actual Prod. Test - MCF/D	Length of	est			Bbls. Conder	sate/MMCF	,	Gravity of Co	ndensate		
									3.1.8		
sting Method (pilot, back pr.) Tubing Pressure (Shut-in)					Casing Press	ure (Shut-in)		Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COM	PLIA	NCE		011 001	1000	ATION: 5	\\ /\C\<		
I hereby certify that the rules and regul					(JIL COI	NSEHV.	ATION [ハハミ	אכ	
Division have been complied with and	that the infor	mation giv	rem abov	re				JUN -	1 1001		
is true and complete to the best of my	knowledge an	nd belief.			Date	Approve	ed	י חטט '	I 1501	_ <u></u>	
2 m m:01.	7					• •					
Signature		D: 0		r	∥ By_	ORIGINA	I SIGNIC-				
K. M. Miller Div. Opers. Engr.						By ORIGINAL SIGNED BY					

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

May 7, 1991

Printed Name

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

MIKE WILLIAMS Title SUPERVISOR, DISTRICT I

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

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.