Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hebbs, 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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Azzec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

| I. | T | OTRA | NSF | PORT | OIL | AND NA | TURAL GA | | | | | |
|--|--|---------------|---------|---------------------|---|--|---------------------|------------------------------|--|----------------|----------------|--|
| Operator Texaco Exploration and Production Inc. | | | | | | | | Well API No. 30 025 12228 | | | | |
| Address P. O. Box 730 Hobbs, Nev | Marria | 0004 | 0.05 | 00 | | | | | | | | |
| P. O. Box 730 Hobbs, New Reason(s) for Filing (Check proper box) | v Mexico | 88240 | 0-25 | 28 | | X Ouh | et (Please expli | ain) | | | | |
| New Well | Oil | Change in | | | 7 | EF | FECTIVE 6 | -1-91 | | | | |
| Recompletion | | | | | | | | | | | | |
| If change of operator give name and address of previous operator | If change of operator give name and address of previous operator Texaco Producing Inc. P. O. Box 730 Hobbs, New Mexico 88240-2528 | | | | | | | | | | | |
| II. DESCRIPTION OF WELL AND LEASE | | | | | | | | | | | | |
| Lease Name Well No. Pool Name, Includ | | | | | | FUDD DONIKADO | | | Kind of Lease L State, Federal or Fee 1720 STATE | | ease No. 10 | |
| Location | | | | | | | | | | | | |
| Unit Letter M | : 660 Feet From The SO | | | | Line and Fe | | | eet From The | et From The WEST Line | | | |
| Section 28 Township 24S Range 38E , NMPM, LEA | | | | | | | | | | County | | |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) | | | | | | | | | | | | |
| | | | | | | | | | ay Denver, Colorado 80202 | | | |
| Name of Authorized Transporter of Casinghead Gas X or Dry Gas El Paso Natural Gas Company | | | | | | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492 El Paso, Texas 79978 | | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit D | | | Twp. Rge. 24S 38E | | is gas actual | y connected? YES | When | When ? UNKNOWN | | | |
| If this production is commingled with that i | from any othe | r lease or | pool, g | ive comm | ungl | ing order num | ber: | | | | | |
| IV. COMPLETION DATA | | Oil Well | Τ | Gas Wei | 1 | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v | |
| Designate Type of Completion Date Spudded | - (X) Date Compl | Ready to | Prod. | | | Total Depth | <u> </u> | 1 | P.B.T.D. | <u> </u> | 1 | |
| | | | | | | | | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | | | | | Top Oil/Gas Pay | | | Tubing Depth | | | |
| Perforations | | | | | | Depth Casing Shoe | | | | | | |
| TUBING, CASING AND | | | | | | | CEMENTING RECORD | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | | | DEPTH SET | | | | SACKS CEMENT | | | |
| | | | | | | | · | | | | | |
| | | | | | | | | | | | | |
| V. TEST DATA AND REQUES | T FOR A | LLOW | ABLE | <u> </u> | | L | | | 1 | | | |
| OIL WELL (Test must be after re Date First New Oil Run To Tank | Date of Test | | of load | oil and n | nusi | | | | | or full 24 hou | rs.) | |
| Section in an in the | Date of Year | | | | Producing Method (Flow, pump, gas lift, etc.) | | | | | | | |
| Length of Test | Tubing Pressure | | | | Casing Pressure | | | Choke Size | | | | |
| Actual Prod. During Test | Oil - Bbls. | | | | Water - Bbls. | | | Gas- MCF | | | | |
| GAS WELL | 1 | | | | | 1, | | | _ | | | |
| Actual Prod. Test - MCF/D | Length of Test | | | | | Bbis. Condensate/MMCF | | | Gravity of Condensate | | | |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | | | | Casing Pressure (Shut-in) | | | Choke Size | | | | |
| VI. OPERATOR CERTIFICA | ATE OF | COMP | LIA | NCE | | | | | <u> </u> | | | |
| I hereby certify that the rules and regulations of the Oil Conservation | | | | | | OIL CONSERVATION DIVISION | | | | | | |
| Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. | | | | | Date | Approvo | a | JUN | J 0 3 19 | 91 | | |
| J.M. Willer | | | | | | Date ApprovedOrig. Signed by | | | | | | |
| Signature | | | | | • | By_ | | | Paul K Geolog | | | |
| K. M. Miller Div. Opers. Engr. Printed Name Title | | | | | | Title | | | EC | - | | |
| May 2, 1991 Date | | 915-6 Tele | phone | | - | 1100 | | | | | | |
| | | | | | | 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.