Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1380, Hobbs, NM 88240

State of New Mexico ...crgy, Minerals and Natural Resources Departme..

Form C-104 Revised 1-1-89 See Instruction at Rottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT II P.O. Drawer DD, Antenia, NM 48210 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator Texaco Exploration and Production Inc. 30 041 20302 Hobbs, New Mexico 88240-2528 P. O. Box 730 Other (Please explain) X Reason(s) for Filing (Check proper box) EFFECTIVE 6-1-91 Change in Transporter of: Now Well Dry Gas Oil Recompletion Casinghead Gas Condensate X Change in Operator If change of operator give name and address of previous operator Texaco Inc. Hobbs, New Mexico 88240-2528 P. O. Box 730 II. DESCRIPTION OF WELL AND LEASE Lease No. Well No. Pool Name, Including Formation Lease Name State, Federal or Fee 152890 TODD WOLFCAMP 1 M A CUNNINGHAM FEDERAL FEDERAL Location Feet From The NORTH Line and _ Feet From The WEST 660 1980 Unit Letter ___ ROOSEVELT 78 Range 35E 26 , NMPM, County Township III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate Texaco Trading & Transport Inc. 16825 Northchase Blvd., Ste. 600 Houston, Texas 770 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas ____ Rge. Is gas actually connected? When ? Unit Twp. If well produces oil or liquids, cl give location of tanks. 26 75 35E

If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA

Designate Type of Completio	n - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Rea'v
Date Spudded		mpl. Ready to Pr	od.	Total Depth	1,	<u>. </u>	P.B.T.D.		<u></u>
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Perforations		<u>-</u>		<u> </u>		- 	Depth Casin	ng Shoe	
		TUBING, C	ASING AND	CEMENTI	NG RECOR	D	<u> </u>		
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
				- 		<u>., </u>	-		
	i						i		

V. TEST DATA AND REQUEST FOR ALLOWABLE or of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) 32/57 T

Date First New Oil Run To Tank	Date of Test	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 Bbls. Condensate/MMCF Gravity of Condensate Length of Test Actual Prod. Test - MCF/D Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.)

VL OPERATOR 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 above is true and complete to the best of my knowledge and belief. Miller Signature Div. Opers. Engr. K. M. Miller Printed Name Title

May 2, 1991

Date

OIL CONSERVATION DIVISION

Date Approved __ L CHUSTAL Title

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

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.