Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Ene

Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Form C-104 Revised 1-1-89

DISTRICT II P.O. Drawer DD, Artesia, NM 88210		Santa	P.O. Bo Fe, New Me		M-2088					
DISTRICT III			-			=.				
1000 Rio Brazos Rd., Aztec, NM \$7410			RALLOWAB SPORT OIL							
Contractor		JIRAN	SPUNTUIL	AND NA	I OT IAL GA	Wall A	PI No.			
Texaco Exploration and Pro	duction Inc	c				30 0	25 20227		UK	
Address										
P. O. Box 730 Hobbs, New Reason(s) for Filing (Check proper box)	w Mexico	88240-	2528	X Oth	er (Please explai	in)				
New Well	c	hange in To	ansporter of:	_	FECTIVE 6-					
Recompletion	Oil	_	ry Gas 📙							
Change in Operator	Casinghead (Gas C	ondensate							
f change of operator give name and address of previous operator Texa	co Inc.	P. O. B	ox 730 H	obbs, Ne	w Mexico 1	<u>88240–25</u>	28			
II. DESCRIPTION OF WELL	AND LEAS	SE				T 201 A		т .		
Lease Name	ng Formation Kind of State, F			ederal or Fee 543950						
NEW MEXICO AT STATE		6 S	AUNDERS PE	RMO UPPE	R PENN	STAT	<u> </u>			
Location Unit Letter F	: 1980	F	eet From The NO	RTH Line and 1980 Fee			t From The WEST Line			
Section 15 Townshi	p 145	5 <u>R</u>	ange 33E	,N	мрм,		LEA		County	
III. DESIGNATION OF TRAN	SPORTER	OF OIL	AND NATU	RAL GAS				 		
Name of Authorized Transporter of Oil	• 🗀	Address (Give address to which approved copy of this form is to be sent) 1670 Broadway Denver, Colorado 80202								
Texas New Mexico Pipeline	r Dry Gas	Address (Give address to which approved copy of this form is to be sent)								
Name of Authorized Transporter of Casin Warren Petroleu	um Corpora	ad Gas X or Dry Gas Corporation			P. O. Box 1589 Tuls					
If well produces oil or liquids,			wp. Rge.	is gas actually connected?		When	04/26/83			
give location of tanks.	MI		14S 33E	l	YES		04/	20/83		
If this production is commingled with that IV. COMPLETION DATA						Danas)	Plug Back S	ama Party	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well Total Depth	Workover	Deepen	P.B.T.D.	Alike Kes v	I	
Date Spudded	Date Compl.	. Ready to P	rod.	10th Depth			P.B.1.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations	<u>.l</u>	. <u> </u>		l			Depth Casing	Shoe		
	π	JBING, C	ASING AND	CEMENT	NG RECOR	D	1			
HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
									,_,_,	
V. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE					4		
OIL WELL (Test must be after	recovery of total	al volume of	load oil and must	be equal to a	r exceed top allo lethod (Flow, pi	owable for this	s depth or be fo	r full 24 hou	78.)	
Date First New Oil Run To Tank	Date of Test	l.		riconcal is	(0200 (1 10m; p	- · • · • · • · • · • · • · • · · • · · · ·				
Length of Test Tubing Pressure				Casing Pressure			Choke Size			
				Water - Bbis.			Gas- MCF	Gas- MCF		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Dolla					
CACTURE!			 · - · - · - · - · - · - · · · · · · 							
GAS WELL Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
Account for the America	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
Testing Method (pitot, back pr.)							Citota Gare			
VI. OPERATOR CERTIFIC I hereby certify that the rules and regu	ulations of the (Oil Conserva	atio n		OIL CON	NSERV.	ATION [DIVISIO	ON	
Division have been complied with and is true and complete to the best of my	d that the infort	mation gives	above	₩	_	الم	3.5			
2. M. Mille		_ ••••••		11	e Approve					
Signature K. M. Miller		Div. One	rs. Engr.	Ву.	Okka	MAL SIGNY DEFRICI	TEMPLEVIE	r sexton Or	<u>'</u>	
Printed Name			Title 88-4834	Title	ə				· · · · · · · · · · · · · · · · · · ·	
May 7, 1991			hone No.							

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

Date

- 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.