Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, 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., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

L	l	O IRAN	1250F	(OIL	AND NA	TURAL G					
Operator						· · · · · · · · · ·		API No.			
Texaco Inc.							300	14120286	120200		
P.O. Box 730 Hobbs,	New Mexic	o 8824	.0								
Reason(s) for Filing (Check proper box		• • • • • • •			Oth	er (Please exp	lain)				
New Well		Change in T	-	of:							
Recompletion	Oil		Ory Gas	\Box							
Change in Operator	Casinghead	Gas XX C	Condensate	<u> </u>							
if change of operator give name and address of previous operator											
II. DESCRIPTION OF WEL	L AND LEA	SE									
Lease Name		Well No. F	Pool Name	, Includia	ng Formation	Brone o		of Lease	Le	ease No.	
H.H. Harris		2 B	ronco	Silu	ro(Dev)	Welfeam	P State,	Federal or Fee	<u>/ </u>		
Location	100										
Unit Letter O	:180	<u> 10 </u>	Feet From	The	East Lin	e and $\frac{6}{}$	50 Fe	et From The	South	Line	
Section 35 Town	ship 12S	F	Range	38E	, N	мрм,			Lea	County	
III. DESIGNATION OF TRA	ANSPORTEI	R OF OIL	L AND I	NATUI	RAL GAS						
Name of Authorized Transporter of Oi		or Condensa		7		e address to w	hich approved	copy of this for	m is to be set	nt)	
Phillips Petroleum (rucks)		<u> </u>	P.O.	Box 791	Midland.	Texas			
Name of Authorized Transporter of Ca			or Dry Gas	· 🗀 -				copy of this for	m is to be ser	nt)	
None-Used on Lease					_			<u>.</u>			
If well produces oil or liquids, Unit Sec. give location of tanks. N 35			Гwp. 12S г	Rge. 38E	Is gas actually connected?			When? Disconnected on 10-17-86			
· · · · · · · · · · · · · · · · · · ·		<u></u>			<u> </u>					17 00	
If this production is commingled with the IV. COMPLETION DATA	at from any other	r lease or po		ommingi	ing order num	ber:					
Designate Type of Completic	on - (X)	Oil Well	Gas	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl	Ready to P	Prod		Total Depth			P.B.T.D.		<u> </u>	
Date Space	Duc Comp	. Rody 10 1	100.					1.5.1.5.			
ievations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Depth			
Perforations						Depth Casing Shoe					
	·										
TUBING, CASING AND					CEMENTI	NG RECOR	<u> </u>	T			
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
		*				·					
		 									
						.,					
V. TEST DATA AND REQU	EST FOR A	LLOWA	BLE								
OIL WELL (Test must be after	er recovery of tol	al volume of	fload oil a	ind must	be equal to or	exceed top all	owable for thi	depth or be fo	r full 24 hour	·s.)	
Date First New Oil Run To Tank	ank Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
The state of the s					Casing Pressure Choke Size						
Length of Test	Tubing Pressure				Casing Press	ire		CHOAC SIZE			
Actual Prod. During Test	Al Prod. During Test Oil - Bbls.				Water - Bbls.			Gas- MCF			
	Oil - Doils.										
GAS WELL	<u> </u>								***************************************		
Actual Prod. Test - MCF/D	Length of T	est			Bbls. Conder	sate/MMCF		Gravity of Co	ndensate		
Testing Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
-								<u> </u>			
VI. OPERATOR CERTIF				E	\parallel		USERV.	ATION E	NIVISIO	N	
I hereby certify that the rules and re Division have been complied with a	_				`		10L11V	TIONE	,	1.4	
is true and complete to the best of r			. ==0076			. A	ام		3991		
3					Date	Approve	ea	·	_ :35		
The Driver					_	ė.					
Signature					By_	· ····································	· · · · · · · · · · · · · · · · · · ·	114	ON		
M.C. Duncan	Engir	eer's		tant	[•		
Printed Name 5-6-91			Title 3-719	1	Title						
7		Tale			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.