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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

I.

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator						737)- D24	5-286	108
Texaco Exploration and Address									
2.0. Box 730 Hobbs. N	ew Mexi	co 88240	0-2528	X Othe	r (Please expla	ain)			
eason(s) for Filing (Check proper box)	(hange in Tran	sporter of:		ECTIVE				
lew Well	Oil		Gas	EFI	ECITVE	0-1-91			
hange in Operator	Casinghead		idensate						
	ico Inc		P.O.	Box 730) Hobb	s, New M	lexico 8	8240-252	.8
DESCRIPTION OF WELL	ND LEAS	SE.							
ease Name	NO LEAD	Well No. Poo	Name, Includin	g Formation			f Lease		ase No.
New Mexico "AT"	tate 1	1-4 5	aunders	Permo L	booer Per	Orace)	Federal or Fee	B-9	<u> 365 </u>
ocation	715 (.,				
Unit Letter	·- <u>9</u>	90_ Fee	a From The 🔟	rth_Line	and 89	O Fe	et From The	West	Line
Section \5 Township	14-5	Rai	nge 33-E	, NI	MPM, L	ea			County
I. DESIGNATION OF TRANS	SPORTER	OF OIL	AND NATUR	RAL GAS			6.15.6		
lame of Authorized Transporter of Oil	X (or Condensate		Address (Giv				orm is to be se	
Texas-New Mexico Pip	e Line	<u> </u>	D=, Cc=	PO BC	X Loco	HOODS	com of this f	Orm is to be se	nt)
Name of Authorized Transporter of Casing	nead Gas	X or	Dry Gas 🗔		(1579			ma 7	
Warren Petrokum Co.	I I Init	Sec. Tw	m. Rae	Is gas actuall		When		<u></u>	.,0-
f well produces oil or liquids, ive location of tanks.	Unit : M∽\	10 114			25		11.20.8	33	
this production is commingled with that f	1					CTB-4	40		
V. COMPLETION DATA							Diva Pasis	Same Res'v	Diff Res'v
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	<u> </u>	Same Res V	Dill Kesv
Date Spudded	Date Compi	. Ready to Pro	xd.	Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing Forms	ation	Top Oil/Gas	Pay		Tubing Dep	th	
Perforations							Depth Casir	ng Shoe	
	T	UBING, CA	ASING AND	CEMENTI	NG RECO	RD			
HOLE SIZE		ING & TUBI			DEPTH SET			SACKS CEM	ENT
	TOD A	TIOWAD	16	<u> </u>					
V. TEST DATA AND REQUES OIL WELL (Test must be after r	OI FUR A	LLCWAD	LE. load oil and must	he equal to o	r exceed top al	ilowable for th	is depth or be	for full 24 hou	rs.)
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Tes		oud on und mass	Producing N	ethod (Flow, p	pump, gas lift,	etc.)		
Parting tion On You to Tamp									
Length of Test	Tubing Pres	ssure		Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.			Gas- MCF			
GAS WELL				<u> </u>					
Actual Prod. Test - MCF/D	Length of	Test		Bbls. Conde	nsate/MMCF		Gravity of	Condensate	
Testing Method (pitot, back pr.)	.) Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
-				٠					
VI. OPERATOR CERTIFIC						NSERV	ATION	DIVISIO	NC
I hereby certify that the rules and regu Division have been complied with and	that the info	rmation given	tion above		OIL OO			3 1991	J. 1
is true and complete to the best of my	knowledge a	nd belief.		Dat	e Approv	red	0011 0		
M. CAmer				By.	ORIG			TOTAL	ý
Signature M.C. Duncan	Engi		Assistant	11	·:	DISTRICT	TSUFERV	いしみ	
Printed Name		_	Title	Title	9	\$10 × 6 9 m · · · · · · · ·			·
7-8-91			07191 none No.	11					
Date		retebr		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.
- ?) All sections of this form must be filled out for allowable on new and recompleted wells.
-) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.

SOBBS OFFICE

STATE OF NEW MEXICO

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LAND OFFICE				l
TRAUSPURTER	DAG		_	
OPERATOR				ĺ
PROBATION OFF	1C K	ــــــــــــــــــــــــــــــــــــــ	<u> </u>	L

OIL CONSERVATION DIVISION

	OIL COMPERANT			
DISTAINUTION	Р. О. ВОХ			
ANTAPE	SANTA FE, NEW I	MEXICO 07301		
1.0.0.0.				
AND DEPICE	REQUEST FOR			
MAUSPORTER CAL	AND			
PERATOR	AUTHORIZATION TO TRANSPO	ORT OIL AND NATURAL GAS		
ROMATION OFFICE				
TEXACO Inc.				
44.44				
P. O. Box 728, Hobbs,	New Mexico 88240			
esson(s) for liling (Check proper box)		Other (Please explain)		
lew Well	Change in Transporter of:			
Recompletion	Oil Dry Gos	닏		
hange in Ownership	Casinghead Gas Condense	ate		
change of ownership give name id address of previous owner.				
ESCRIPTION OF WELL AND I	Well No. Pool Name, Including For	mation Kind of Lease	Lease No.	
ease Name	11-Y Saunders Perm	10	B-9505	
New Mexico "AT" STATE	TI-1 Saddiders retain			
Location D 9	90 Feet From The North Line	and 890 Feet From	The West	
Unit Letter ; 9.	Feet From The Line			
1/22 of Section 15 Tow	mahip 14-S Range 33	-E , NMPM,	Lea County	
Line of Section 1) Tow				
SECONATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	Address (Give address to which appro	ued copy of this form is to be sent?	
Nome of Authorized Transporter of Cit	C, Contaction			
Texas-New Mexico Pipe	Line Co.	P. O. Box 2528, Hobbs, Address (Give address to which appro	ved copy of this form is to be sent)	
Name of Authorized Transporter of Cas	inghead Gas 🔼 or Dry Gas 🗌	P. O. Box 1579, Tulsa,		
Warren Petroleum Co.		ls gas actually connected? Wh		
If well produces oil or liquids,	Omit 1 Joes.		11-20-83	
give location of tanks.	M 10 14-S; 33-F		CTE-40	
this production is commingled wi	th that from any other lease or pool, g	give commingling order number:		
COMPLETION DATA		New Well Workover Deepen	Plug Back Same Res'v. Diff: Res	
Designate Type of Completion	011	Х		
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Date Spudded	11-24-83	10,100'	10,050'	
10-1-83	Name of Producing Formation	Top Oll/Gas Pay	Tuning Depth	
Elevations (DF, RKE, RT, GR, etc.) 4215' (GR)	Penn	9756'	9972'	
Perforations			Depth Casing Show	
9773'-9962'			10,100'	
9/13 //	TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	650	
17½"	13 3/8"	530' 4 1 90'	2000	
121"	8 5/8"		2350	
7 7/8"	52"	10,100'		
		t and and a discount of the discount	l and must be equal to or exceed top all	
TEST DATA AND REQUEST F	OR ALLOWABLE (Text must be of	nth or be for full 24 hours)	The state of the s	
OU. WELL	Date of Teet	Producing Method (Flow, pump, gas	lift, etc.)	
Date First New Oil Run To Tanks	11-25-83	Pumping		
11-20-83	Tubing Pressure	Casing Pressure	Choke Size	
Length of Test				
24 Hrs.	Oil-Bble.	Water-Bbis.	Ggs - MCF	
Actual Prod. During Test	278	116	<u> </u>	
CAC WET T			Gravity of Condensate	
GAS WELL Actual Frod. Test-MCF/D	Length of Test	Bbla. Condensate/MMCF	Citatili of Condensate	
Service Control of the Control of th		1000	Choke Size	
Testing Method (pitot, back pr.)	Tubing Presewe (Shut-in)	Cosing Pressure (Shut-18)		
- ··· -			ATION DUVISION	
CERTIFICATE OF COMPLIAN	VCE	OIL CONSERVA	ATION DIVISION	
UERTH ICATE OF COMEZING	• •	NO'	/ 3 <u>0 1983 </u>	
a to the marker shat the cules and	regulations of the Oil Conservation	APPROVED		
I hereby certify that the rules and Division have been complied wit	h and that the information given	BYORIGINAL SIGN	ED BY EDDIE SEAY	
above is true and complete to th	he best of my knowledge and belief.		CINCOFCTOR	
		TITLE OIL & GA	O HADELOIGH	
\cap 111			n compilance with nul. 2 1104.	
Xihlall			owable for a newly drilled or despe panied by a tabulation of the davis	
~~~ /V /V ///	NAME OF THE OWNER, WHEN PERSON ASSESSED OF THE OWNER, WHEN PERSON ASSESSED OF THE OWNER, WHEN PERSON ASSESSED.	Il mell this form must be accom-	******* * * * * * * * * * * * * * * *	

X.LC/IC	luff	
Assistant	District Manager	The second secon
11-28-83	(Yirla)	

(Dute)

well, this form must be accompanied by a tabulation of teste taken on the well in accordance with fell. E. 111.

All sections of this form must be filled out completely for allowable on new and recompleted walls.

Fill out only Sections I. II. III. and VI for changes of owner well name or number, or transporter, or other such change of condition

Separate Forms C-104 must be filed for each pool in multiply completed wells.