Submit 5 C pies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 Instruction

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410		-	_				AUTHORI					
I. TO TRANSPORT OIL AND NATURAL Operator Texaco Exploration and Production Inc.								Well	Well API No. 30 025 28824 97 1/			
Address								1 30	025 2882		- VK	
P. O. Box 730 Hobbs, Ne	w Mexico	88240) –2 52	28		X Ou	es (Please expl	lais)				
Reason(s) for Filing (Check proper box) New Well		Change in	Transp	orter of:	_	_	FECTIVE 6	-		•		
Recompletion 500	Oil		Dry G	_								
Change in Operator X	Casinghead		Conde	=	<u></u>	-			 			
and address of previous operator Texa	ico Inc.	P. O.	Box	730		lobbs, Ne	w Mexico_	88240-2	528	· · · · · · · · · · · · · · · · · · ·		
II. DESCRIPTION OF WELL			,								···	
Lease Name NEW MEXICO BG STATE NCT 1 Well No. Pool Name, Include 6 SAUNDERS PE						State,				Federal or Fee 545270		
NEW MEXICO BG STATE NCT 1 6 SAUNDERS PERMO UPPER PENN STATE 545270 Location 2180												
Unit Letter G: 1980 Feet From The NORTH Line and 660 Feet From The EAST									Line			
Section 14 Townshi	on 14 Township 14S Range 33E					<u>, N</u>	мрм,		LEA	LEA County		
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	ND NA	ΓU	RAL GAS						
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)											
Texas New Mexico Pipeline C Name of Authorized Transporter of Casinghead Gas						1670 Broadway Denver, Colorado 80202 Address (Give address to which approved copy of this form is to be sent)						
Warren Petroleum Corporation									sa, Oklahoma 74102			
If well produces oil or liquids, give location of tanks.		Unit Sec. M 22		Twp Rge. 14S 33E		is gas actually connected? YES		When	When ? 04/25/87		•	
If this production is commingled with that						ling order num				723761		
IV. COMPLETION DATA									-			
Designate Type of Completion		Oil Well		Gas Well	l 	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl	l. Ready to	Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay Tubing				Depth		
Perforations						<u> </u>			Depth Casir	Depth Casing Shoe		
TUBING, CASING AND						CEMENTI	NG RECOR	D C				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE						DEPTH SET			SACKS CEMENT		
	 					ļ						
V TECT DATA AND DECLIC	T FOD A		DIE			L						
V. TEST DATA AND REQUES OIL WELL (Test must be after r					nus!	be equal to or	exceed top all	owable for th	is depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Press	ıre		Choke Size	Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF	Gas- MCF			
								<u> </u>	<u> </u>			
GAS WELL												
Actual Prod. Test - MCF/D	Length of Test					Bbls. Conder	sate/MMCF		Gravity of C	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIAN	NCE		<u> </u>						
I hereby certify that the rules and regula	ations of the C	dil Conserv	/ation				DIL CON	1SERV	ATION	DIVISIC	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						Date	Approve	d		3 6 30	i i	
7.m. Willer							pp.046	-		· ·	 -	
Signature						By ORIGINAL SIGNED BY JEDRY SEXTON						
K. M. Miller Div. Opers. Engr. Prioted Name Title					DISTRICT LISUFER VISOR							
May 7, 1991		915-6	88-4		_	Title						
Date		Teles	hone i	Vo.		lí						

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.