Submit 5 Copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbe, NM 88240	State of New Mexico Minerals and Natural Resources Department OIL CONSERVATION DIVISION							Form C-104 Revised 1-1-89 See Instructions at Bottom of Page			
DISTRICT II P.O. Drawer DD, Artesia, NM \$8210	P.O. Box 2088 Santa Fe, New Mexico 87504-2088										
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM \$7410	REQU					AUTHORI	ZATION				
I.						TURAL G	AS	API No.			
Operator Texaco Exploration and Production Inc.						30 025 30			2	DK	
Address P. O. Box 730 Hobbs, Nev	w Mexico	88240)-2528		M	es (Please expl					
Resson(s) for Filing (Check proper box)		Change in	Transport	er of:		FECTIVE 6					
Recompletion	Oil Casinghese	_	Dry Gas Condens	_							
If change of operator give name	co Produ			. O. Bo	x 730	Hobbs. Ne	w Mexico	88240-2	2528		
and address of previous operator		₩	·. ·	. 0. 50	<u>x 700</u>	10003, 110	W MCXIC	<u> </u>		······································	
II. DESCRIPTION OF WELL Lease Name STATE P	Well No. Pool Name, Including For 14 LOVINGTON PENN,								or Fee 778940		
Location	. 1830)				198	рг	eet From The	WEST	Line	
Unit Letter								LEA		County	
Section 32 Townshi	p <u> </u>		Range	5/C	, NI	MPM,				WURY	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil Texas New Mexico Pipeline		or Conden	sate [Address (Giv	670 Broad	lway De	d copy of this fanner, Color	rado 8020	2	
Name of Authorized Transporter of Casing Phillips 66 Nat	Phillips 66 Natural Gas Co. Latting Gas Corp.							Bartlesville, Oklahoma 74004			
If well produces oil or liquids, give location of tanks.	Unit	Sec 10. 32	Twip: F(165	ि (सुर्ह) 1 37E	Is gas actual	y connected? YES	Whe		/16/87		
give location of tanks. M 32 16S 37E If this production is commingled with that from any other lease or pool, give commingling											
IV. COMPLETION DATA					<u></u>			Die Desk	Come Destru	Diff Res'v	
Designate Type of Completion	- (X)	jOil Well	G	ns Well	New Well	Workover 	Deepen	Plug Back	Same Res'v		
Date Spudded					Total Depth			P.B.T.D.	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
Perforations					I			Depth Casin	Depth Casing Shoe		
					CEMENTI	NG RECOR		_\			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
V. TEST DATA AND REQUES	ST FOR A	LLOW	ABLE		L.,		<u> </u>			·	
OIL WELL (Test must be after r	ecovery of 10	tal volume	of load oi	l and must	be equal to or Producing M	exceed top all ethod (Flow, p	owable for the second s	is depth or be etc.)	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test										
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gaa- MCF			
					1	· · · · · ·					
GAS WELL Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Prossure (Shut-in)			Choke Size	Choke Size		
VL OPERATOR CERTIFIC	ATE OF	COMF	LIAN	CE					חואופוע)N	
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.					OIL CONSERVATION DIVISION						
16 the sen complete to the bear of my knowledge and bend.					Date Approved						
Signature											
K. M. Miller Div. Opers. Engr. Printed Name Title											
May 7, 1991			688-48 ephone No								
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INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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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.