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State of New Mexico Ene 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

ISTRICT III 300 Rio Brazos Rd., Aztec, NM 87410

STRICT II D. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Sperator									Well API No.			
Texaco Exploration and Production Inc.									30 025 02250 CK			
Address	Massica	0004	0 05	00								
P. O. Box 730 Hobbs, Ne Reason(s) for Filing (Check proper box)	w mexico	88240	0-25	28	X Out	er (Please exp	lain)				······································	
New Well		Change in	Transp	porter of:		FECTIVE 6						
Recompletion	Oil		Dry C									
Change in Operator	Casinghead	Gas 🛚	Conde	ensate 🗌								
If change of operator give name and address of previous operator Texa	co Produ	cing Inc	c.	P. O. Bo	x 730	Hobbs, Ne	w Mex	ico	88240-2	2528		
II. DESCRIPTION OF WELL Lease Name		SE Well No.	Pool I	Name, Includi	ng Formation				(Lease		esse No.	
VACUUM GRAYBURG SAN ANDRES U 55 VACUUM GRA					YBURG SAN ANDRES			State, Federal or Fee STATE		8579	857948	
Location Unit LetterD	: 660 Feet From The NC			ORTH Line and 660			Feet From The WESTLine					
Section 1 Townshi	, 18S Range 34E			34E	, NMPM,			LEA			County	
III. DESIGNATION OF TRAN		R OF O		ND NATU	RAL GAS							
Name of Authorized Transporter of Oil Texas New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) 1670 Broadway Denver, Colorado 80202											
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Texaco Exploration and Production Inc.					Address (Give address to which approved copy of this form is to be sent) P. O. Box 1137 Eunice, New Mexico 88231							
If well produces oil or liquids, give location of tanks.	Unit Sec.		Twp. Rge. 18S 34E		is gas actually connected? YES			When ? 05/01/69				
If this production is commingled with that	from any other	r lease or	pool, g	ive comming!	ing order num	ber:						
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deep	ea]	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	i	i		j	İ	i	i		i	<u>i</u>	
Date Spudded	Date Compl. 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					Depth Casing Shoe							
	T	UBING.	CAS	ING AND	CEMENTI	NG RECOR	SD.		L	··-		
HOLE SIZE CASING & TUBING S					DEPTH SET			SACKS CEMENT			MENT	
	<u> </u>											
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE	E	<u> </u>						 	
OIL WELL (Test must be after r	ecovery of lot	al volume	of load	oil and must						for full 24 ho	ws.)	
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, pump, gas lift, etc.)							
Length of Test	Tubing Pressure				Casing Pressure				Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.				Gas- MCF			
GAS WELL									·			
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF				Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size			
VI. OPERATOR CERTIFIC				NCE	(OIL CON	USFF	N/A	TION	DIVISION)N	
I hereby certify that the rules and regul Division have been complied with and	that the inforr	nation give	vation en abov	ve							- 17	
is true and complete to the best of my l	•	u pellel.			Date	Approve	ed			- 691		
Signature					By							
K. M. Miller Printed Name		Div. Op	Title		Title					¥		
May 7, 1991		915-6	688-									

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.