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Appropriate District Office
DISTRICT. I
P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico Minerals and Natural Resources Department Ene

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 Brizos Rd., Aziec, NM \$7410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| I | T | OTRA | NSPC | ORT OIL | AND NA | TURAL GA | NS Wall | OI No | | | | |
|--|--------------------------------------|----------------------------|--|---------------|---------------------------|----------------------------------|----------------|---|------------------|------------|--|--|
| Operator Texaco Exploration and Production Inc. | | | | | | | | Well API No. 30 025 03085 | | | | |
| Address | | | | | | | | | | | | |
| P. O. Box 730 Hobbs, New | w Mexico | 88240 | <u>)-2528</u> | 3 | X Out | r (Piease expla | in) | | | | | |
| Reason(s) for Filing (Check proper box) | | Change in | Transpos | ner of: | | FECTIVE 6- | | | | | | |
| New Well | Oil | | | r=; | | | | | | | | |
| Recompletion | Casinghead | _ | | | | | | | | | | |
| CLEADY II OPERATOR III | _ | | | P. O. Box | 720 | Hobbs, Nev | u Mavico | 88240-3 | 2528 | | | |
| and address of previous operator Texa | co Produ | cing inc | <u>. </u> | U. BU | k 730 | nobbs, net | WINEXICO | 00240_2 | | | | |
| II. DESCRIPTION OF WELL | AND LEA | SE | | | | | T W'- A | -61 | | | | |
| Lease Name Well No. Pool Name, Includ | | | | | | | | ind of Lease No. ate, Federal or Fee 542990 | | | | |
| NEW MEXICO AB STATE | REEF | | ISTA | ATE | | | | | | | | |
| Location | | | | | | 560 | | | EAST | | | |
| Unit Letter P : 660 Feet From The SOUTH Line and 560 Feet From The EAST | | | | | | | | | EAGI | Line | | |
| s 195 p 35F | | | | | , NMPM, | | | LEA County | | | | |
| Section 6 Townshi | p 10 | | Kange | | , 19. | virivi, | | | | | | |
| III. DESIGNATION OF TRAN | JCDADTTI | D OF O | TE. ANI | D NATU | RAL GAS | | | | | | | |
| Name of Authorized Transporter of Oil | C X | or Conde | nsale | | Vogless (nu | e address to wh | | | | | | |
| Texas New Mexico Pipeline | 1670 Broadway Denver, Colorado 80202 | | | | | | | | | | | |
| Name of Authorized Transporter of Casin | ghead Gas | X | or Dry | Gas | Address (Gin | e address to wh | ich approved | copy of this | form is to be se | ent) | | |
| Texaco Exploration | and Prod | uction | Inc. | | | 0. Box 11 | | | lexico 882 | 231 | | |
| If well produces oil or liquids, | Unit | Sec. | Twp. Rge. | | | | When | When ? | | | | |
| give location of tanks. | 11 | 6 | 185 | 35E | <u> </u> | YES | | | /25/61 | | | |
| If this production is commingled with that | from any other | er lease or | pool, giv | e comming) | ing order num | ber: | | | | · · · · · | | |
| IV. COMPLETION DATA | | launu e | | 7 Well | New Well | Workover | Deepen | Phug Back | Same Res'v | Diff Res'v | | |
| Designate Type of Completion | - (2) | Oil Wel | 1 (| Gas Well | I MEM METT | WOLKOVEI | Deepea | I riug back | | 1 | | |
| | Date Comp | J Beady to | o Prod | | Total Depth | l | I | P.B.T.D. | | | | |
| Date Spudded | Date Count | a. Ready o | 01100 | | 1 | | | | | | | |
| Time OF BYD DT CD atc.) | Name of Pr | mducine F | ormation | | Top Oil/Gas Pay | | | Tubing Depth | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | 1,200 0 11 | | | | | | | | | | | |
| Perforations | | | | | | | | Depth Casi | ng Shoe | | | |
| 1 010121012 | | | | | | | | | | | | |
| | <u></u> | UBING | . CASI | NG AND | CEMENT | NG RECOR | D | | | | | |
| HOLE SIZE | | CASING & TUBING SIZE | | | | DEPTH SET | | | SACKS CEMENT | | | |
| THOSE OILE | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | <u> </u> | | | | | | | |
| V. TEST DATA AND REQUE | ST FOR A | LLOW | ABLE | | | | . t. l dom at | مطاحم طايسال ما | for 6:11 24 hou | ere) | | |
| OIL WELL (Test must be after | Date of Te | | e of load | oil and mus | be equal to o | r exceed top all lethod (Flow, p | owable for th | atc.) | jor juli 24 nos | | | |
| Date First New Oil Run To Tank | Producing N | ietnoa (<i>r tow, p</i> i | muh' ken ihi' | SAC. / | | | | | | | | |
| | | | | | Casing Pressure | | | Choke Size | | | | |
| Length of Test | Tubing Pressure | | | | Casing 1 iceanic | | | | | | | |
| | | Oil - Bbls. | | | | Water - Bbls. | | | Gas- MCF | | | |
| Actual Prod. During Test | Oil - Bols. | | | | | | | | | | | |
| | | | | | 1 | | | | | | | |
| GAS WELL | | | | | 150. A . | A A) A E | | Gravity of | Condensale | | | |
| 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 Siz | e | | | |
| | | | | | | | | | | | | |
| | | | TOT 7 | ior | | | | | - | | | |
| VL OPERATOR CERTIFIC | CATE OF | COM | PLIA | NCE | | OIL CO | VSERV | /ATION | DIVISION | NC | | |
| I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above | | | | | Date Approved | | | | | | | |
| Division have been complied with and is true and complete to the best of my | a mar me muo v knowledge å | rmation gi nd belief. | ACE WOOM | C | Do | | \d | 0) to 1/4 | to the |)) | | |
| | _ | • | | | Dat | e whhlore | :u | | | | | |
| 2.m. Mill | 461 | | | | 11 | Ç: | for the second | ÷ | | | | |
| Cimatum | | | | | By | | | | | | | |
| Signature K. M. Miller | | Div. O | pers. | Engr. | 11 | • | | | | | | |
| Printed Name | | 045 | Title | 1024 | Title |) | | | | | | |
| May 7, 1991 | | | -688-4 | | | | | | | | | |
| Date | | Te | lephone l | LAO" | 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.