Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Ho. bs, NM 88240

State of New Mexico gy, Minerals and Natural Resources Departme.

Form C-104
Revised 1-1-89
See Instructions
at Rottom of Past

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		O TRA	<u>ANS</u>	PO	RIOL	AND NA	UHAL GA	<u>45</u>	44 17 22 7	<u> </u>				
Operator Texaco Exploration and Production Inc.									Well API No. 30 025 07503					
Address														
P. O. Box 730 Hobbs, Ne	w Mexico	8824	0-2	528										
Reason(s) for Filing (Check proper box)			_		6		x (Piease expl FECTIVE 6		4					
New Well	Oil	Change in	-	sport Gas	er or:	EF	PECTIVE 0	- 1-3	•					
Recompletion	Casinghea	iGus ☐		densi	ıte 🗍									
f change of operator give name	aco Produ				. O. Box	730	Hobbs, Ne	w Mo	vico	88240_2	2528			
and actives of biesions oberston				Ρ,	. О. Вол	(730	TOUUS, IVE	AA IAIC	XICO	88240-2	.328	:		
II. DESCRIPTION OF WELL	AND LEA	SE	1=			- F			Kind o	f Lease		euse No.		
Lease Name CLARA FOWLER	ng Formation EN RIVERS			State, Federal or Fee										
Location	L	3	100		IIO OLVI	-14 1114 -110			CEE					
Unit Letter C	440	- 331	$2_{\sf Fed}$	Fror	n The NO	RTH Lim	and2310	0	Fe	et From The	WEST	Line		
0.4					154									
Section 31 Townsh	ip18	35	Ran	ge 3	38E	, N	ирм,			LEA		County		
III. DESIGNATION OF TRAN	NSPORTE	R OF C	SIL A	ND	NATUI	RAL GAS								
Name of Authorized Transporter of Oil	IX □	or Coade		<u></u>	7	Address (Giv	e address to w							
Shell Pipeline Corporation							P. O. Box 2648 Houston, Texas 77252							
Name of Authorized Transporter of Casin Phillips 66 Na	ighead Gas tural Gae	COLFF	FEC	PIX P	# Febru	Organica D	190 tess to wi	nich ap Ride	proved	<i>copy of this f</i> eartle sville	orm is to be si Oklahom	nd) a 740∩4		
If well produces oil or liquids,		Is gas actually		2.00	?	CRIGHOIN	<u> </u>							
give location of tanks.	Unit	Sec. 31	Tw ₁	s i	38E	YES			UNKNOWN					
If this production is commingled with that	from any oth	er lease o	r pool,	give	commingli	ng order numi	per:							
IV. COMPLETION DATA						· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	~			10 2 1	bien t		
Designate Type of Completion	- (X)	Oil We	11	Ga	s Well	New Well	Workover	Do	epen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	to Prod.			Total Depth				P.B.T.D.	1	<u> </u>				
Date Spudded Date Compt. Ready to Prod.														
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay				Tubing Depth				
Perforations										Depth Casing Shoe				
rendandu														
	T	UBING	, CA	SIN	G AND	CEMENTI	NG RECOR	ED .						
HOLE SIZE							DEPTH SET				SACKS CEMENT			
								···		ļ				
	ļ													
														
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABL	Æ		L				<u></u>				
OIL WELL (Test must be after	recovery of to	tal volum	e of lo	ad oi	l and must	be equal to or	exceed top all	lowable	for this	s depth or be	for full 24 hos	rs.)		
Date First New Oil Run To Tank	Producing Method (Flow, pump, gas lift, etc.)													
I define	The Day					Casing Pressure Choke Size								
gth of Test Tubing Pressure														
Actual Prod. During Test	Oil - Bbls.					Water - Bbls.				Gas- MCF				
										<u> </u>				
GAS WELL														
Actual Prod. Test - MCF/D	Length of	Test				Bols. Conder	sate/MMCF			Gravity of	Condensate			
										Choke Size				
Testing Method (pilot, back pr.)	pitot, back pr J Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)				CHOICE SIZE				
	34500			4 2 7	CE	<u> </u>								
VI. OPERATOR CERTIFIC					CE	(OIL CO	NSE	RV	ATION	DIVISIO	NC		
I hereby certify that the rules and regularision have been complied with and	usuons or the I that the info	rmation gi	iven at	ove										
is true and complete to the best of my	knowledge a	nd belief.		-		Date	Approve	ed			1001			
1/2m mr/c	1					11			6.1 +	Į.	स्वयं			
- A.M. Whilee						By aul Kautz								
Signature K. M. Miller		Div. O	pers	. Er	ngr.	-, -	G	€¢log	182					
Printed Name			Tit	e		Title	<u> </u>							
May 7, 1991			-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.