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

State of New Mexico En: , 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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Oceanics		10 111	11101	<u> </u>	. / 11 TI	TOTAL	,,,,	W.m	ADI No			
Operator Texaco Exploration and Production Inc.								Well API No. 30 025 20053				
Address												
	lew Mexico	8824	0-252	28								
Reason(s) for Filing (Check proper box)	Change i			_	her (Please exp						
New Well	EFFECTIVE 6-1-91											
Recompletion	Oil		Dry G									
Change in Operator X If change of operator give name	Casinghea	a Gas K	Conce								· · · · · · · · · · · · · · · · · · ·	
and address of previous operator 10	caco Produ	<u></u>	c.	P. O. Bo	x 730	Hobbs, Ne	w M	<u>exico</u>	88240-	2528	,	
II. DESCRIPTION OF WELL Lease Name	ing Formation		Kind	of Lease	1.	esse No.						
NEW MEXICO R STATE NO	T 1	Well No.		UUM ABO	•			State, Federal or Fee			548790	
Location	. 2310					760	١.			EAST		
Unit Letter H	Letter : reat Flotal line					Lake and rear routine					Line Line	
Section 6 Town	ship 18	85	Range	35E	, N	МРМ,			LEA		County	
III. DESIGNATION OF TRA	NSPORTE			D NATU			hich a	nor med	com of this !	orm is to be s		
Name of Authorized Transporter of Oil or Condensate Texas New Mexico Pipeline C						Address (Give address to which approved copy of this form is to be sent) 1670 Broadway Denver, Colorado 80202						
Name of Authorized Transporter of Cas Texaco Exploration	Address (Give address to which approved P. O. Box 1137 Eunic											
If well produces oil or liquids,	l Unit			Rge.				When?				
rive location of tanks.	і ні	6	Twp. 18S	•	<u> </u>	YES			06	/01/63		
If this production is commingled with th IV. COMPLETION DATA	at from any oth	er lease or	pool, gi	ve comming	ling order nur	iber:						
Designate Type of Completio	n - (X)	Oil Wel	ш	Gas Well	New Well	Workover	De	epen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		k. Ready t	Ready to Prod.		Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth			
Perforations					<u> </u>				Depth Casing Shoe			
. 4104										g sales		
	Т	UBING	, CASI	NG AND	CEMENTI	NG RECOR	D		·			
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET				SACKS CEM	ENT	
					 				 			
		. <u></u>			ļ				 			
V. TEST DATA AND REQUI	EST FOR A	LLOW	ABLE		L				ــــــــــــــــــــــــــــــــــــــ			
					be equal to or	exceed top all	owable	for this	s depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)											
Length of Test	Tubing Pres	Tubing Pressure				Casing Pressure				Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.				Gas- MCF			
GAS WELL					l							
Actual Prod. Test - MCF/D	Length of 1	Cest			Bbls. Conde	nsate/MMCF			Gravity of C	Condensate		
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)				Choke Size			
· · ·												
VI. OPERATOR CERTIFIC	CATE OF	COMI	PLIAN	NCE		~~~	10-	· • • • • • • • • • • • • • • • • • • •	ATION!	רוי יו יי	\\ \ \ \	
I hereby certify that the rules and reg	ulations of the	Oil Conse	rvation		11 (OIL CON	12F	HV	NOLLA	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.												
In the and complete to the best of m	y knowledge an	u peliel.			Date	Approve	d _		* * *			
2mm1.1	1,,							J.				
Signature					By							
K. M. Miller Div. Opers. Engr. Printed Name Title					Title							
May 7, 1991			688-4		Title						 	
Date		Tele	A saodas	√o.	II .							

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.