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

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

State of New Mexico Ene

Minerals and Natural Resources Department

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT III 0000 Rio Brazos Rd., Azzec, NM 87410	REQU	JEST FO	OR AI	LLOWAB ORT OIL	LE AND AND NA	AUTHORIZ TURAL GA	AS				
Operator Texaco Exploration and Production Inc.							Well A	Well API No. 30 025 20508			
Address P. O. Box 730 Hobbs, Ne	ew Mexico	0 88240)-252	8	X Ou	ner (Please expl	ia)	 		· · · · · · · · · · · · · · · · · · ·	
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Oil Casinghe	Change in	Transpo Dry Ga Conde	. 📙	_	FECTIVE 6					
f change of operator give name address of previous operator Tex	aco Prod		÷	P. O. Box	x 730	Hobbs, Ne	w Mexico	88240-2	528	· · · · · · · · · · · · · · · · · · ·	
. DESCRIPTION OF WELL AND LEASE ease Name NEW MEXICO AE STATE Well No. Pool Name, Including 17 VACUUM ABO F								of Lease Federal or Fee E	ederal or Fee 543070		
Unit Letter J ; 2240 Feet From The SOUTH Line as						ne and1720	1720 Feet From The EAST Line				
Section 11 Township 18S Range 34E						, NMPM, LEA				County	
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil	5 Rut	or Conder	sale		Address (Gi	ve address to w					
Name of Authorized Transporter of Casinghead Gas or Dry Gas Part f well produces oil or liquids. Unit Sec. Twp. Rge.					Address (Give address to which approved Is gas actually connected? When						
If well produces oil or liquids, give location of tanks. If this production is commingled with the	Unit	i	<u> </u>	<u>i </u>			i		···		
If this production is commingled with the IV. COMPLETION DATA	L Irom any or				New Well		Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	n - (X)	Oil Well	1	Gas Well	Total Depth	İ	Deepen	Flug Dick	Salie Res	<u> </u>	
Date Spudded	Date Con	Date Compl. Ready to Prod.						P.B.T.D.	•		
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Dept	Tubing Depth		
Perforations				· ·	ł			Depth Casing	g Shoe		
					CEMENT	ING RECOF	D O				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET		S	SACKS CEMENT		
V. TEST DATA AND REQUIOUL WELL (Test must be after Date First New Oil Run To Tank	recovery of	total volume	ABLE of load	oil and must	be equal to a	or exceed top all Method (Flow, p	lowable for the	is depth or be f	or full 24 hou	rs.)	
					Casina Das	nim.		Choke Size			
Length of Test	Tubing P	Tubing Pressure				Casing Pressure			Gas- MCF		
Actual Prod. During Test	Oil - Bbl	Oil - Bbls.				Water - Bbls.				,	
GAS WELL								18 1 20			
Actual Prod. Test - MCF/D	Length o	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing P	ressure (Shu	4-in)		Casing Pres	isure (Shut-io)		Choke Size			
VI. OPERATOR CERTIFI I hereby certify that the rules and re	rulations of th	e Oil Conse	avation			OIL CO	NSERV	ATION	DIVISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved						
Signature Div Opera Foor					By <u>0233 8008 223 234 234 234 234 234 234 234 234 234</u>						
K. M. Miller Printed Name		Div. O	Title		<u> </u>	e		-			
May 7, 1991		915-	-688	4834	-11				_		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

- 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.