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

## State of New Mexico 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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210		San	ta Fe	P.O. Bo	ox 2088 exico 8750	4-2088				
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		EST FO	R AL	LOWAE	BLE AND A	UTHORIZ				
I.	TO TRANSPORT OF						NS Wali A	PI No		
Operator Texaco Exploration and Pro-			30 0			3	ÐΚ			
Address P. O. Box 730 Hobbs, Nev	w Mexico	88240-	-2528	l						
Reason(s) for Filing (Check proper box)						t (Please expla				
New Well		Change in 1		1 7	EF	FECTIVE 6-	-1-91			
Recompletion	Oil Casinghead	_	Dry Gas Condens	_						
If above of exercise size some	co Inc.	P. O. I			lobbs, New	/ Mexico	88240-25	28		
II. DESCRIPTION OF WELL	AND LEA	SE								·
Lesse Name Well No. Pool Name, Inclu					State,			of Lease Federal or Fee	ederal or Fee 546850	
NEW MEXICO CR STATE	TE 1 LUSK DELAW					ARE, WEST STAT				
Unit LetterD	:660	:	Feet Fro	m The NO	RTH Line	and660	Fe	et From The	WEST	Line
Section 32 Township	, 19	S	Range	32E	, NN	IPM,		LEA	-	County
III. DESIGNATION OF TRAN	SPORTER	OF OI	L ANI	NATU!	RAL GAS				· · · · ·	
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)										
Texas New Mexico Pipeline C  Name of Authorized Transporter of Casinghead Gas X or Dry Gas					1670 Broadway Denver, Colorado 80202  Address (Give address to which approved copy of this form is to be sent)					
Phillips 66 Natural Gas Co.					990G PI	aza Office	Bldg. Ba	rtlesville,		
If well produces oil or liquids, give location of tanks.	Unit				is gas actually connected? When YES			? UNKNOWN		
If this production is commingled with that IV. COMPLETION DATA	from any othe	r lease or p	ool, give	commingl	ing order numb	er:	<del></del>	<del></del>		· · ·
Designate Type of Completion	- (X)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.		<u> </u>
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Perforations					<u> </u>	· · · · · · · · · · · · · · · · · · ·		Depth Casing Shoe		
		IDINIC A	CASIN	IC AND	CEMENTIN	NC BECOR	D			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
HOLE SIZE	OASING & TOSING OILL									
	ļ									
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE	······································	ha and to an	aread top all	numble for this	denth or he f	or full 24 hour	
OIL WELL (Test must be after recovery of total volume of load oil and mu.  Date First New Oil Run To Tank  Date of Test					t be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)					
	Date of Yea				Casing Pressure Choke Size					
Length of Test	Tubing Pressure				Casing Pressure					
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF		
GAS WELL	1				_		-			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC	ATE OF	COMPI	LIAN	CE		OIL CON	ICEDY		רוויופור	
I hereby certify that the rules and regula	ations of the (	di Conserv	ation				NOEN V			'I <b>V</b>
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date	Approve	d			
2.m. Willer					Date Approved					
Signature  K. M. Miller  Div. Opers. Engr.					By_	· · · · · · · · · · · · · · · · · · ·	<del></del>	······································	<del></del>	

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

Printed Name

Date

May 7, 1991

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

915-688-4834

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.