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

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

4.		I O I I I	<u> </u>	CHIO	C AND IN	TI OI IAL G						
Operator Texaco Exploration and Production Inc.								Well API No. 30-025-20753				
Address						30-025-20753 //						
P. O. Box 730 Hobbs, Ne	w Mayica		0-24	500				,				
Reason(s) for Filing (Check proper box)	WINEXICC	0024	0-20	220	X Ou	ner (Please expl	ain)		<u>\</u>			
New Well		Change is	n Trans	sporter of:			-	NGES LEAS	E&W	ELL	# FROM	
Recompletion	Oil] Dry	Gas 🗆	М	ARATHON V	varn st	ATE A/C #	2 WEL	L #1	2	
Change in Operator	Casinghea	d Gas	Con	densate 🗌								
If change of operator give name and address of previous operator Mara	thon Oil (Compan	ηy P.	0. Box 5	52 Midlan	d, Tx 7970	2	- · · · · · · · · · · · · · · · · · · ·				
II. DESCRIPTION OF WELL	AND LEA	ASE		· · · · · · · · · · · · · · · · · · ·								
Lesse Name VACUUM GLORIETA WEST U	Well No. 116	1	Name, Include CUUM GLO	uding Formation ORIETA			Kind of Lease State, Federal or Fee STATE		Lease No. B-1113			
Location												
Unit LetterD	:560		_ Feat	From The W	EST Li	e and330).	Feet From The	NORTH	<u> </u>	Line	
Section 6 Townshi	p 18	BS	Rang	ge 35E	, N	MPM,		LEA			County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL A	ND NATU	RAL GAS							
Name of Authorized Transporter of Oil TEXAS NEW MEXICO PIPELINE Or Condensate						Address (Give address to which approved copy of this form is to be sent)						
		المار ا	or N	ry Goe	BOX 2528, HOBBS, NEW MEXICO 88240 Address (Give address to which approved copy of this form is to be sent)							
Name of Authorized Transporter of Casinghead Gas X or Dry Gas CORPORATION							E ODESSA, TEXAS 79762					
If well produces oil or liquids, give location of tanks.	Sec. Twp. Rge.			,			When ?					
<u> </u>	D	6	18		<u> </u>	YES		UN	IKNOW	N		
If this production is commingled with that I IV. COMPLETION DATA	from any other	er lease or	pool,	give comming	ling order num	DET:	 					
		Oil Well	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same R	es'v	Diff Res'v	
Designate Type of Completion			<u>_</u> Ļ		The Dark	<u> </u>	J	<u> </u>	l		<u></u>	
Date Spudded	Date Comp	l. Ready to	o Prod.	•	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay	Tubing Dep	Tubing Depth				
Perforations					L				Depth Casing Shoe			
. With all the second								Depui Casii	& 2110c			
	7	TIRING	CAS	ING AND	CEMENTI	NG PECOP	D					
TUBING, CASING A HOLE SIZE CASING & TUBING SIZE					CLIVILIA	DEPTH SET		SACKS CEMENT				
THE OLD THE OFFICE OF THE OFFICE OFFI			<u> </u>						Grono dement			
	<u> </u>			 			· · · · · · · · · · · · · · · · · · ·			-		
			. = -									
V. TEST DATA AND REQUES												
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test		of load	d oil and must					for full 24	hours	r.)	
Date First New Oil Run 10 lank	Producing Method (Flow, pump, gas lift, etc.)											
Length of Test	Tubing Pressure			Casing Pressure			Choke Size					
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF				
					L			_L				
GAS WELL Actual Prod. Test - MCF/D	Langth of T				Bbis. Conden	cote/MACE	····	Gravity of C	ondenest			
Actual Frod. 16st - MCF/D	Length of Test				Dois. Concensed Marie			on concentration				
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFICA	ATTE OF	COL	T T A	NCE								
				NCE	(DIL CON	SERV	ATION I	DIVIS	SIOI	N	
I hereby certify that the rules and regulations of the Oil Conservation 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 SEP 1 0 '92							
5n/1				٠		, ippiove(
11. Can					By ORIGINAL SIGNED BY JERRY SEXTON							
Signature M. C. Duncan Engr. Asst.					DISTRICT I SUPERVISOR							
Printed Name Title					Title	<u>. </u>						
9-1-92 Date		505-9										
Pale		ા લવે	phone i	140.	I							

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.