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

DISTRICT II P.O. Drawer DD, Artesia, 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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 I.	REQUE	ST FO	OR AI	LLO\ ORT	VAE OIL	BLE AND AND NA	AUTHOR TURAL G	AS				
Operator Texaco Exploration and Production Inc.							Well API No. 30 025 209				OK	
Address P. O. Box 730 Hobbs, New Reason(s) for Filing (Check proper box) New Well	a	hange in	Transp	orter of		_	ner (Please exp FECTIVE (<u> </u>			
Recompletion												
If change of operator give name and address of previous operator Texa	co Inc.	P. 0.	Box	730	<u>H</u>	obbs, Ne	w Mexico	88240-2	528	· ·	 	
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Include NEW MEXICO R STATE NCT 3 15 VACUUM ABO									of Lease Federal or Fee	ederal or Fee 548840		
Location Unit Letter P	P : 487 Feet From The So					OUTH Line and 560 Feet From The				ST	Line	
Section 1 Townshi	, 18S _{Range} 34E				, N	мрм,		LEA	LEA County			
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTER OF	OF OI	L AN	ID NA	ATU!	RAL GAS Address (Gi	ve address to w	vhich approved	l copy of this form	n is to be se	ni)	
Name of Authorized Transporter of Casin	<u> </u>				,	,		copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	<u>i </u>	İ	Twp.	L		Is gas actually connected? When			7			
If this production is commingled with that IV. COMPLETION DATA									····			
Designate Type of Completion	- (X)	Oil Well	ĿĹ	Gas W	ell	New Well	Workover	Deepen	Plug Back Sa	ime Kes v	Diff Res'v	
Date Spudded	Date Compl.	Ready to	Prod.			Total Depth	-	_	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas	Pay		Tubing Depth			
Perforations								·	Depth Casing S	Depth Casing Shoe		
TUBING, CASING AND												
HOLE SIZE	CASING & TUBING SIZE						DEPTH SE	<u> </u>	SA	SAUNS CEMEIVI		
V. TEST DATA AND REQUES	T FOR AL	LOWA	BLE									
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test							be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)					
					Garina Para			Choke Size				
Length of Test	Tubing Pressure				Casing Press	uie						
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF				
GAS WELL									10 10			
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 CERTIFICATE OF COMPLIANCE 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.					OIL CONSERVATION DIVISION Date Approved							
2 m. Willer												
Signature K. M. Miller Div. Opers. Engr.						By						
Printed Name Title May 7, 1991 915-688-4834 Talaphore No.						Title						

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.