Submit 5 copies to Appropriate District Office

State of New Mexico

___ergy, Minerals and Natural Resources Department

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

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator TEXACO EXPLORATION & PRODUCTION INC.									/ell API No. 30-025-21107			
Address P.O. BOX 730						·····				50-025-21107		
New Well			•	r.						<u>-</u>		
	=	Change in Transporter of:				Other (Please explain)					PD 61	
Recompletion Change in Coemics	=	Oil Dry Gas				CHANGE OF BATTERY LOCATION TO CENTRAL BATTERY						
Change in Operator					Condensat	le L						
If change of operator give name and of previous operator	address											
II. DESCRIPTION OF WEL	L AND LE	EASE										
Lease Name Well No. Pool Name, In				l Name, Inclu	ding Formation		Kin	d of Lease State, Fede	of Lease State, Federal or Fee Lease No.			
VACUUM GLORIETA WES	113			CUUM GLOR	ETA		s	STATE B-1080-1		B-1080-1		
Location Unit Letter	С	: 3	30	Feet Fi	rom The	<u>IORTH</u> Lin	e and 1880) Fee	t From The <u>E</u>	:AST I	Line	
Section												
III. DESIGNATION OF TRA	NEDODT	TER OF OIL	AND NAT	TUDAL	CAR					-		
Name of Authorized Transporte						A (2)						
Name of Authorized Transporter of Oil Condensate Transporter of Oil Condensate						Address (Give address to which approved copy of this form is to be sent) PO Box 2528, Hobbs, NM 88240						
Name of Authorized Transporter of Casinghead Gas Dry Gas						Address (Give address to which approved copy of this form is to be sent)						
Texaco E&P Inc./GPM Gas Corp.						PO Box 3000, Tulsa, OK 74102/4044 Penbrook Av., Odessa, TX 79762						
If Well Produces oil or liquid	is,	Unit	Sec.	Twp.	Rge.	Is gas actua				,		
give location of tanks		C	36	175	34E	YES	··		2/27/	65		
If this production is commingle IV. COMPLETION DATA	d with that	from any othe	er lease or	pool, giv	e comminglin	g order numbe	г:					
Designate Type of Com	pletion -	· (X)	Oil W	/ell	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		Date Compl	l. Ready to	Prod.	***	Total Depth		_1	P.B.T.D			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation)	Top Oil/Gas Pay			Tubing Depth			
Perforations						<u>.</u>			Depth Casing Shoe			
TUBING, CASING AND					SING AND	CEMENTIN	IG RECO	RD				
HOLE SIZE		CASING and TUBING SIZE				DEPTH SET				SACKS CEMENT		
												
		-										
										· · · · · ·		
V. TEST DATA AND REQUOIL WELL (Test mus				ne of lo	ad oil and mu	ist be equal t	or exceed	ton allowable	for this depth o	or be a full 24 h	oours)	
Date First New Oil Run To Tani	ζ	Date of Tes						oump, gas lift, e		De a luii 241		
Langth of Toot		Tubin Des							· · · · · · · · · · · · · · · · · · ·			
Length of Test					Casing Pressure			Choke Size				
ctual Prod. During Test Oil - Bbls.					Water - Bbls.			Gas - MCF				
GAS WELL	1,70,1									710		
ctual Prod. Test - MCF/D Length of Test						Bbls. Conder	sate/MMCF		Gravity of Condensate			
Testing Method (pitot, back pr.)	ng Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA	ATE OF (COMPLIANO	F						<u> </u>			
I hereby certify that the rules and re Division have been compiled with a is true and complete to the best of	egulations of and that the	the Oil Conservinformation given	ration				OIL C	ONSER	VATION [DIVISION		
Signature	<u> </u>	5	 -			Date	Approved	1	MAI	R 07 199	34	
Darrell J. Carriger Engineering Assistant						hhioved						
Printed Name Title					ORIGINAL SIGNED BY JERRY SEXTON							
3/3/94		397	'-0431 		700	Title_		D	HSTRICT I SE	UPERVISOR		
Date		Tele	phone No	0.]			·			

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 in operator, well name or number, transporter, or other such changes
- 4) Sepreate Form C-104 must be filed for each pool in multiply completed wells.