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

DISTR'CT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico , Minerals and Natural Resources Department Er

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No Operator 30 025 24360 UK Texaco Exploration and Production Inc. Address P. O. Box 730 Hobbs, New Mexico 88240-2528 X Reason(s) for Filing (Check proper box) Other (Please explain) EFFECTIVE 6-1-91 Change in Transporter of: New Well Dry Gas Recompletion Oil X Change in Operator If change of operator give name and address of previous operator Texaco Producing Inc. P. O. Box 730 Hobbs, New Mexico 88240-2528 If change of operator give name II. DESCRIPTION OF WELL AND LEASE Kind of Lease State, Federal or Fee Lease No. Well No. Pool Name, Including Formation Lease Name 857948 VACUUM GRAYBURG SAN ANDRES U 20 VACUUM GRAYBURG SAN ANDRES STATE Location Feet From The SOUTH Line and 1330 _ Feet From The EAST 1330 Unit Letter _ Range 34E LEA 185 County Township , NMPM, Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate INJECTOR or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas INJECTOR When? Twp. Rge. is gas actually connected? Sec. If well produces oil or liquids, Unit give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. PRTD Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT **DEPTH SET** CASING & TUBING SIZE **HOLE SIZE** V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Water - Bbls. Oil - Bbls. Actual Prod. During Test **GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test - MCF/D Length of Test Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

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.

K. M. Miller

May 7, 1991

Signature

Date

Printed Name

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

OIL CONSERVATION DIVISION

Date Approved ___

Title ____

Ca Sign

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

Div. Opers. Engr.

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.