Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1960, Hobbs, NM 88240

## State of New Mexico Ener 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

Santa Fe New Mexico 87504-2088

DISTRICTU P.O. Drawer DD. Arteria NM 11210

DISTRICT III	DE01					LE AND A		7ATI∩I	N				
1000 Rio Brazos Rd., Aztec, NM 87410	HEQU	TO TRA	JH A NSP	ORT		AND NAT	URAL GA	AS	•				
Operator							Well API No.						
Texaco Exploration and Production Inc.							30 025 26820						
Address													
P. O. Box 730 Hobbs, N		88240	0-252	28		MI Orba	a (Blaces empl	-i-1		<del></del>			
Reason(s) for Filing (Check proper box)		<b>A</b>	T	and are offe		-	<i>s (Please expl</i> e FECTIVE <b>6</b>					l	
New Well	Oil	Change in	Dry G		7		CONTE	- 1-51					
Recompletion  Change in Operator	Casinghe	uGas ⊠	•	_	<u>ี</u>								
C. L of anomics since some	<del>-</del> _								<u> </u>	00040 0			
II. DESCRIPTION OF WELI	AND LE		<u>.                                    </u>	P. O.	BO	x /30 1	lobbs, Ne	w mexi	CO	88240-2	.520	<del></del>	
Lease Name	AND DE	Well No.	Pool I	Name, Inc	iudi	ng Formation		Ki	nd o	Lease ederal or Fee		ease No.	
CENTRAL VACUUM UNIT		152	VAC	UUM G	RAY	BURG SAN	ANDRES		ALE		8579	43	
Location													
Unit LetterM	:760		Foot F	rom The	<u>so</u>	UTH Lim	and660	)· 	_ Fee	t From The	WEST	Line	
Section 6 Towns	<sub>hip</sub> 1	88	Range	35E		, NN	ирм,			LEA		County	
III. DESIGNATION OF TRA		P OF O	_		TI	RAL GAS							
Name of Authorized Transporter of Oil	or Conde	Address (G				ive address to which approved copy of this form is to be sent					urd)		
Mobil Pipeline Company	LX_	ani					Texas New Mexico Pipeline Co.						
Name of Authorized Transporter of Cas Texaco Exploration	inghead Gas and Proc	X	or Dr	y Gas		Address (Gin	ECTIVE H	hich appro	Wal	copy of this fo turnal Cas	co.GPM	Gas Corporc	
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 31	Twp.	1	Rge.	ls gas actually	connected?	j w	hen '		/29/80	·	
If this production is commingled with th	ut from any ot	her lease or	pool, g	ive comm	ningl	ing order numi	жет						
IV. COMPLETION DATA		Oil Wel		Gas Wel	11	New Well	Workover	Deepe	<b>:a</b>	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	n - (X)	I Ou wer	<b>'</b>	OES WO	••	1			Ĩ		İ	<u>i</u>	
Date Soudded		pl. 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 Depth			
Perforations						<u> </u>				Depth Casin	g Shoe		
		TUBING	. CAS	ING A	ND	CEMENTI	NG RECOR	RD					
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
HOLE SIZE		Ondivide 105.110 0.25											
	_						<del></del>						
V. TEST DATA AND REQU OIL WELL (Test must be afte	EST FOR	ALLOW	ABLI	E d oil and		he equal to or	exceed top all	lowable fo	r this	depth or be	for full 24 hos	ers.)	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of T		oj toda	2 ou anu	<i>m</i> 451	Producing M	ethod (Flow, p	nump, gas	lift, e	(c.)			
Date Lie Men On Kin 10 1 mir	Date of 1	-											
Length of Test	Tubing Pi	Tubing Pressure					Casing Pressure				Choke Size		
Actual Prod. During Test	Oil - Bbla	Oil - Bbls.				Water - Bbis.				Gas- MCF			
C. C. TITTLE						<u>.l</u>				<del></del>			
GAS WELL Actual Prod. Test - MCF/D	Length of Test					Bbls. Condensate/MMCF				Gravity of Condensate			
Actual Prod. Test - MCCPD	Souge. G												
Testing Method (pitot, back pr.)	Tubing P	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size			
VI. OPERATOR CERTIF	CATE O	F COM	PLIA	NCE			OIL COI	NSEE	31/4		DIVISIO	NC	
I hamby certify that the rules and re	gulations of th	e Oil Conse	arvation			'		IAOLI	: */	randin	Acit i	J. 1	
Division have been complied with a is true and complete to the best of n	nd that the inf	ormatica gi	ves abo	ove		Date	Approve	ed	J	UN O	ן במו		
J.M. Willew							gaig. Signed b <b>y</b>						
Signature Div. On one Foot						By Pani Kautz Geologist							
K. M. Miller	<del></del>	DIV. O	pers. Title		_	7:41-		*ICOTO	5100				
Printed Name		015		-4834		Title	'						

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

Date

- 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.

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.