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

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	T	OTRA	<u>N</u> SP	ORT OIL	AND NAT	URAL GA	<u>s</u>	DUNE -		<u> </u>	
perator							Well A	P1 No.			
<u> Texaco Exploration and</u> Address	Product	ion I	nc.			<u> </u>					
P.O. Box 730 Hobbs. Steason(s) for Filing (Check proper box)						r (Please expla					
New Well	Oil	hange in	Dry C		EFI	FECTIVE 6	5-1-91				
Change in Operator K	Casinghead		7		Box 730) Hobbs	s, New M	lexico 8	8240-252		
ad address of previous operator	aco Proti	,	INC	. 1.0.	DOR 15	, 11000	<u> </u>				
I. DESCRIPTION OF WELL AND LEASE Lease Name NM R' State NCT-3 TN 24 Will No. Pool Name, Including						Formation Kind of Lease State, Federal or Fee B-13DE					
ocation	· RI	50	Feet	From The		and	660 Fee	et From The	E451	Line	
Unit Letter	19	5	Rang	2//	,—	мРМ,			<u>Le4</u>	County	
II. DESIGNATION OF TRAN	CDADTE	ን ለፑ ለ	TT . A ?	ND NATH	RAL GAS	TA					
II. DESIGNATION OF TRAIN Name of Authorized Transporter of Oil	<u>SPORTER</u>	or Conde	nsale		Address (Giv	e address to wi					
Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids, give location of tanks.	i	Sec.	Twp.		ļ		When	?			
f this production is commingled with that	from any other	r lease or	pool,	give commingli	ing order num	ber:					
V. COMPLETION DATA Designate Type of Completion	- (X)	Oil Wel	i	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	Compl. Ready to Prod.				Total Depth			P.B.T.D.		
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay Tubing Depth				th		
Perforations						Depth Casing Shoe					
	т	IIRING	CA	SING AND	CEMENT	NG RECOF	ND	<u> </u>			
HOLE SIZE		SING & T			DEPTH SET			SACKS CEMENT			
						·					
		I I OII	ADI	E				<u> </u>			
V. TEST DATA AND REQUE OIL WELL (Test must be after	ST FOR A recovery of to	LLOW tal volum	ABL e of loo	iE. ad oil and must	t be equal to o	r exceed top all	lowable for the	s depth or be	for full 24 hor	urs.)	
te First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas tyr, etc.)						
Length of Test	Tubing Pressure				Casing Press	aure		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbl	i.		Gas- MCF			
GAS WELL		T			Phis Conde	nsate/MMCF		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of Test				Bois. Condensed Whyter						
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC I hereby certify that the rules and regularity that the rules and regularity that the rules and regularity that the rules are provided with and provided with an area of the provided with a provide	ulations of the	Oil Cons	ervatio iven at	מפ		OIL CO	NSERV		DIVISION IN		
is true and complete to the best of my	knowledge a	nd belief.			Dat	e Approv					
Signature M. C. Duncan Engineer's Assistant					- 11	By ORIGINAL SIGNED BY JETRY SEATON					
M.C. Duncan Printed Name	<u></u>		Tit	le		9	a description of the same of the same		-		
7-8-91			3930 elepho	7191 ne No.							

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.