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Appropriate District Office
DISTRICT |
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico ergy, Minerals and Natural Resources Departm

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							Well	API No.			
Texaco Producing In	.c .						30	0-025-308	303		
Address										·	
P.O. Box 730, Hobbs	, NM 8	8240									
Reason(s) for Filing (Check proper box)					Ou	net (Please exp	lair)				
New Well		Change in									
Recompletion	Oil		Dry Gas		-						
Change in Operator If change of operator give name	Casinghea	d Gas	Conden	mic							
and address of previous operator		<u>. </u>									
IL DESCRIPTION OF WELL		ASE									
Lease Name Vacuum Graybur	g San	San Well No. Pool Name, Include						of Lease		Lease No.	
Andres Unit	152 Vacuum Gi			rayburg San Andres			Federal or Fee 857948		48		
Location											
Unit LetterD	_ :	640	Feet Fro	nn The $\underline{}$	North Lin	= 13	810F	eet From The	West	Line	
Section 2 Township	i p 17	8S	Range	341	E .N	мрм,		Lea		County	
				·			~				
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	ISPORTE	or Conden		NATU	RAL GAS		1:1	4			
		Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, NM 88240									
Texas New Mexico Pi Name of Authorized Transporter of Casin		X	or Dry (200							
Name of Authorized Transporter of Casinghead Gas								copy of this form is to be sent) , NM 88231			
If well produces oil or liquids,		Sec.	Twp. Rge.			y connected?		When?			
give location of tanks.	F 2		185	34E		Yes		04-1		2-90	
If this production is commingled with that	from any othe	er lease or		commingi	ing order num						
IV. COMPLETION DATA											
Designate Type of Completion	- (30)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		X Pendu to			X Total Depth	<u> </u>	<u>i </u>			<u> </u>	
03-28-90	1	Date Compl. Ready to Prod. 05-19-90			5000'			P.B.T.D. 4850 '			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
4019' GR 4032' KB	Grayburg San Andres			4414'			4812'				
Perforations 4414-4484 2 J	SPF 74 1	noles,	4544	-4570	2 JSPF		, 4590-	Depth Casing			
4644' 2 JSPF 66							,	<u> </u>			
	Tī	UBING,	CASIN	G AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE			ZE	DEPTH SET			SACKS CEMENT			
12-1/4"		9-5/8"			1550'			C1 H 800 sx-T.S. @ 120			
8-3/4"	<u> </u>	7"			5000'			C1 H 950 sx Cir 55 sx			
···	2-7/8"			4812'			1"-70 sx to surface				
V. TEST DATA AND REQUES	T FOR A	IIOWA	RIF	1				<u> </u>			
OIL WELL Test must be after re				and must i	e equal to or	exceed too allo	nuable for this	denth or he fo	e full 24 kees	re i	
Date First New Oil Run To Tank	Date of Test		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			thod (Flow, pu					
04-12-90	05-19-90				Pump 2	-1/2" X	1-3/4"	X 24'			
Length of Test					Casing Pressu			Choke Size			
24 hrs							·				
Actual Prod. During Test	5				Water - Bbis.			Gas- MCF			
	80			184			22				
GAS WELL											
ctual Prod. Test - MCF/D Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		•	
A Chen a trop General	A TWO OF A		7 7 4 3 7 6								
A. OPERATOR CERTIFICA				E		IL CON	SERV	TION F	IVISIO	N	
I hereby certify that the rules and regulations of the Cil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					Date Approved JUN 2 9 1990						
0,10,1-					Date	Vhhi 0,460	-	UUI	~ 10		
Kichard Dexto	to				D	'A	A 13			_	
Signature D. R. DoSoto Fracing Technique					By DRIGINA: SIGNED BY JERRY SEXTON						
R. B. DeSoto Engineering Technician Printed Name Title					DISTRICT . SUPERVISOR						
06-18-90 (505) 393-7191					Title_						
Date			bone 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.