Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, 15 bbs, NM 88240

State of New Mexico En , Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088
REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		OTRA	NSP	OH! OIL	. AND NA	TUHAL GA		(DI NA				
Operator Texaco Exploration and Production Inc.						Well API No. 30 025 30851						
Address P. O. Box 730 Hobbs, Ne	w Mexico	88240	1-252	28			-					
Reason(s) for Filing (Check proper box)	W MEXICO	00240			X Ou	es (Piease expla	iin)					
New Well		Change in	Transp	orter of:	_	FECTIVE 6-	-					
Recompletion	Oil		Dry G									
Change in Operator	Casinghead	Gas X	Conde	_								
Kalana aha aha aha	co Produc			P. O. Bo	x 730	Hobbs, Nev	w Mexico	88240-2	2528			
II. DESCRIPTION OF WELL	AND LEA	SE								·		
Lease Name Well No. Pool Name, Include VACUUM GRAYBURG SAN ANDRES U 156 VACUUM GRAY					-	N ANDRES	State,	Kind of Lease State, Federal or Fee STATE		Lesse No. 857948		
Location	4 .	^			2 ()		2.7.5		100			
Unit LetterC	: <u>bb</u>	<i>V</i>			orth un	e and	30 R	et From The .	USE.	Line		
Section 1 Townshi	ip 18	<u> </u>	Range	34E	,N	MPM,		LEA	<u> </u>	County		
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil				ND NATU	RAL GAS	u addrass to wh	ich angraved	come of this f	orm is to be se	ent)		
Name of Authorized Transporter of Oil Texas New Mexico Pipeline C						Address (Give address to which approved copy of this form is to be sent) 1670 Broadway Denver, Colorado 80202						
Name of Authorized Transporter of Casin Texaco Exploration		X uction l	•	Gas		e <i>eddress to wh</i> O. Box 11						
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. 2 185		Rge.	is gas actual	y connected? YES	When		/04/90			
If this production is commingled with that	from any othe	r lease or	<u> </u>		ing order num	ber:	t					
IV. COMPLETION DATA		Oil Well	\neg	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion	- (X)	İ	i		İ	İ	j ·	i	i	_i		
Date Spudded	Date Compi. Ready to 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 Casing Shoe				
	গুন	DIMO	CASI	ING AND	CEMENTI	NG RECOR	<u></u>	<u> </u>	- 			
					CEMENT	DEPTH SET	<u>. </u>	SACKS CEMENT				
HOLE SIZE	CAS	OASING & TODING SIZE				Jet meet						
								 	····-			
	<u> </u>											
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABLE	:								
OIL WELL (Test must be after to Date First New Oil Run To Tank	Date of Test		of load	oil and must		exceed top allo ethod (Flow, pu			for full 24 hou	rs.)		
	The Program				Casing Press	LINE		Choke Size				
Length of Test	Tubing Pressure											
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF				
GAS WELL												
Actual Prod. Test - MCF/D	Test - MCF/D Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COM	TA1	NCE	1			•				
I hereby certify that the rules and regul Division have been complied with and	lations of the C that the inform	Dil Conser nation give	vation			OIL CON	ISERV	ATION	DIVISIO			
is true and complete to the best of my		o belief.			Date	Approve	d					
Z.M. Miller					By_	ONOR	At Sibama	· No. Inches	T. C. Marie Chall			
Signature K. M. Miller Div. Opers. Engr. Title					By CRICINAL RIGHTS SWIFTEN TOWN ON							
Printed Name May 7, 1991		915-6	588-4		Title							
Date		Tele	phone i	No.	11							

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.