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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

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

## **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

I.	<u> </u>	TO TRA	ANSP	ORT OI	L AND NA	TURAL G					
Operator TEXACO EXPLORATION AND PRODUCTION INC.							Well API No. 30-025-32009				
Address					<del></del>		<u>_</u>	30-023-37	2009		
P.O. BOX 730 HOBBS, NEW		8240									
Reason(s) for Filing (Check proper box, New Well	X Other (Please explain) REQUEST TEST ALLOWABLE OF 5797										
Recompletion	BARRELS FOR MONTH OF OCTOBER 1993										
Change in Operator	Casinghea	d Gas	Dry G								
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELI	L AND LE	ASE								•	
Lease Name Well No. Pool Name, Inclu				lame, Includ	ling Formation			Kind of Lease Lease No. State, Federal or Fee D 1722			
NEW MEXICO "L" STATE		15	VAC	JUM DRIN	IKARD		STA		B-17	33	
			_ Feet F	Feet From The NORTH Line and 510				Feet From The EAST Line			
Section 1 Township 18-S Range 34-E					, N	мрм,		LEA County			
III. DESIGNATION OF TRA	NSPORTE!	R OF O	IL AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil	רעי	or Condea			Address (Gi	ve address to w					
TEX-NEW MEX PIPELINE C	<del></del>	F60-				.O. BOX 25					
Name of Authorized Transporter of Casi TEXACO E & P INC.	ngnead Gas	thead Gas X or D			P.O. BOX 1137 EU			oved copy of this form is to be sent) NICE, NEW MEXICO 88231			
If well produces oil or liquids,		Sec.	Twp. Rge.		Is gas actually connected?			When ?			
give location of tanks.	P	1	185	34E		YES	L	<del>-</del>	8 <del>-1-9</del> 3	12-1-55	
If this production is commingled with the IV. COMPLETION DATA	t from any our	er icase or	poor, gr	ve commung.	ing order num	loer:	<del></del>	·-·-		·	
Designate Type of Completion	1 - (X)	Oil Well	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	i. 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			
Perforations								Depth Casing Shoe			
	77	IDDIC	CASD	NG AND	CEMENTY	NC DECOR	<u> </u>				
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
		<del></del>		·							
	-					<del></del> -	······································		<del></del>		
V. TEST DATA AND REQUE				· · · · · · · · · · · · · · · · · · ·	L						
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test		of load o	oil and must		exceed top allo ethod (Flow, pu			or full 24 hour	5.)	
Length of Test	Tubing Pressure				Casing Press.	199	<del></del>	Choke Size	Choke Size		
	Tuoing Freesure						· <del></del>				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL				7.4	<u> </u>		<del></del>	1			
Actual Prod. Test - MCF/D	Length of To	tal			Bbls. Conden	sate/MMCF		Gravity of Co	ondensate	<del></del>	
osting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
	1							<u></u>			
VI. OPERATOR CERTIFIC				CE		DIL CON	SERV	TION F	NIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above										14	
is true and complete to the best of my	knowledge and	belief.			Date	Approved	<u> </u>	T 0 1 19	93		
Thotal Diner					By Orig. Signed by						
Signature MONTE C. DUNCAN ENGR. ASST.					Paul Kautz Geologist						
Printed Name 10-1-93			Title 7191		Title.	·		- TOTOE	·		
Date			hone 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.