DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION ANTA FE Form C-104 REQUEST FOR ALLOWABLE Supersedes Uld C-104 and C-Effective 1-1-65 II E AND I.S.G.5. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator TEXACO Inc P.O. New Mexico 88240 728 Hobbs Reason(s) for filing (Check proper Change in Transporter of: Change Lease Name: Effective 10-1-77 Recompletion 011 Dry Gas Change in Ownership Casinghead Gas Condensate ormerly: N.M. 'Q' St. #3 If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Pool Name, Including Formation Kind of Lease Lease No. Central Vacuum Grayburg Son Andres State, Federal of Fee 8-1056 1980 Feet From The 1780 Line of Section Range III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil 🗶 Address (Give address to which approved copy of this form is to be sent) P.O. ine 1510 Texas asinghead Gas X or Dry Gas Add Petroleum 6666 Sec. If well produces oil or liquids, give location of tanks. P.ge. Is gas actually 34 10 - 1-77 If this production is commingled with that from any other lease or pool, give commingling order number: **COMPLETION DATA** Oil Well Gas Well New Well Workover Plug Back Same Res'v. Diff. Res's Designate Type of Completion - (X) Date Compl. 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 Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE CEPTH SET SACKS CEMENT TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours) OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Cil-Bbis. Water-Bbis. Gas-MCF **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

VI. CERTIFICATE OF COMPLIANCE

OIL CONSERVATION COMMISSION

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

APPROVED. BY

(Synature)

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply

(Date)

TITLE