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

State of New Mexico Ene. , Minerals and Natural Resources Department

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Form C 101 Revised 1-1-89 See Instruction at Bottom of Page

DISTRICT II P.O. Drawer DD, Anesia, NM 88210 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 Well API No. Operator Texaco Exploration and Production Inc. 30 025 02181 P. O. Box 730 Hobbs, New Mexico 88240-2528 Reason(s) for Filing (Check proper box) Other (Please explain) EFFECTIVE 6-1-91 New Well Change in Transporter of: Recompletion Oil Dry Gas X Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator

Texaco Producing Inc. P. O. Box 730 Hobbs, New Mexico 88240-2528 Shut In II. DESCRIPTION OF WELL AND LEASE Kind of Lease State, Federal or Fee Well No. Pool Name, Including Formation Lease Name Lease No. WEST VACUUM UNIT 858150 **VACUUM GRAYBURG SAN ANDRES** STATE Location 990 Feet From The NORTH Line and 2310 Feet From The EAST Unit Letter Line Range 34E 178 Section Township , NMPM, LEA County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) SHUT-IN Texas  $\Box$ ' $\Box$ 20 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved top of the frantico til string 1, 1992 SHUT-IN Nat Cas GPM Gas Corporation If well produces oil or liquids, Unit Sec. Rge. is gas actually connected? When? give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover | Deepen | Plug Back | Same Res'v Diff Res'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. Too Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE **DEPTH SET SACKS CEMENT** V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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.) Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Casing Pressure Choke Size Tubing Pressure Gas- MCF Actual Prod. During Test Water - Bbls. Oil - Bbls. **GAS WELL** Actual Prod. Test - MCF/D Bbls. Condensate/MMCF Length of Test Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above Date Approved is true and complete to the best of my knowledge and belief.

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Signature

Date

Printed Name

K. M. Miller

May 7, 1991

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title\_

GRIGINAL SIGNED BY JETRY STATON

DISTRICT I SUPER SHOW

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

Div. Opers. Engr.

Title

915-688-4834

Telephone No.

- 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.

MAY 2 3 1991