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

### State of New Mexico Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions

## OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 30 025 02190 🗸 Texaco Exploration and Production Inc. Address P. O. Box 730 Hobbs, New Mexico 88240-2528 X Other (Please explain) Reason(s) for Filing (Check proper box) EFFECTIVE 6-1-91 Change in Transporter of: New Well Dry Gas Oil Recompletion Casinghead Gas Condensate X 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 II. DESCRIPTION OF WELL AND LEASE Kind of Lease State, Federal or Fee STATE Lease No. Well No. Pool Name, Including Formation Lease Name 858150 VACUUM GRAYBURG SAN ANDRES WEST VACUUM UNIT 33 Location Feet From The EAST Feet From The SOUTH Line and 660 660 Line Unit Letter \_ LEA Range 34E County Section 33 175 , NMPM, Township III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate SHUT-IN Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas SHUT-IN When? Rge. Is gas actually connected? If well produces oil or liquids, give location of tanks. Twp Sec. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA New Well Workover Deepen Plug Back Same Res'v Oil Well Gas Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET **HOLE SIZE** 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.) Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Gas- MCF Water - Bbls Oil - Bbls. Actual Prod. During Test

GAS WELL  [Bbls. Condensate/MMCF   Gravity of Condensate				
Actual Prod. Test - MCF/D	Length of Test	Bois. Condensate MINICI	Clavity of Conscious	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
		ì	<u></u>	

### VL OPERATOR CERTIFICATE OF COMPLIANCE

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

2/m. Miller		
Signature  K. M. Miller	Div. Opers. Engr.	
Printed Name May 7, 1991	Title 915-688-4834	
Date	Telephone No.	

# OIL CONSERVATION DIVISION

Date Approved \_

By CRICINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR Title\_

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.