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

State of New Mexico Ene Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of P

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT A P.O. Drawer DD, Astesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. 30 025 02203 UX Texaco Exploration and Production Inc. Address Hobbs, New Mexico 88240-2528 P. O. Box 730 X Other (Please explain) Reason(s) for Filing (Check proper box) EFFECTIVE 6-1-91 Change in Transporter of: New Well Dry Gas Recompletion Oil 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 Lesse No. Well No. Pool Name, Including Formation Lease Name 858150 VACUUM GRAYBURG SAN ANDRES 21 WEST VACUUM UNIT __ Feet From The NORTH __ Line and __ 660· 1980 _ Feet From The EAST Unit Letter __ LEA Section 34 175 Range 34E , NMPM, County 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 Texas New Mexico Pipeline C 1670 Broadway Denver, Colorado 80202 Name of Authorized Transporter of Casinghead Gas X The Late William Colly and the Colly and the Second Colly and t Phillips 66 Natural Gas Co. GPM Gas Corporation 990G Plaza Office Bldg. Bartlesville, Oklahoma 74004 Twp. Rge. is gas actually connected? Unit Sec. When? If well produces oil or liquids, нį 34 UNKNOWN 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 Plug Back Same Res'v Diff Res'v Deepen Designate Type of Completion - (X) Total Depth P.R.T.D. Date Spudded Date Compl. Ready to Prod. Too Oil/Gas Pay Name of Producing Formation Tubing Depth 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 (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 Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls. **GAS WELL** Rhis Condensate/MMCF Gravity of Condensate Actual Prod. Test - MCF/D Length of Test Choke Size Casing Pressure (Shut-in) Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) 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 _ v 3 1991 Date Approved _____ is true and complete to the best of my knowledge and belief. ORIGINAL SIGNED BY JEFRY SEXTON DISTRICT I SUPERVISOR Signature Div. Opers. Engr. K. M. Miller

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

Printed Name

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_

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

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.

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