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

Energy, Minerals and Natural Resources Departme

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	T	OTRA	NSP	OH I OIL	. AND NA	TUHAL GA					
Operator Texaco Exploration and Production Inc.						Well API No. 30 025 99023 02237					
Address P. O. Box 730 Hobbs, Ne	w Mexico	88240	0-252	28							
Reason(s) for Filing (Check proper box)				· <u> </u>	X Oth	er (Please expla	iin)				
New Well		Change in	Transp	orter of:		FECTIVE 6	-1-91			1	
Recompletion	Oil		-								
Change in Operator	Casinghead	Gas X	-								
If change of operator give name	co Produc			P. O. Bo	x 730	Hobbs, Ne	w Mexico	88240-2	528		
and address of previous operator II. DESCRIPTION OF WELL										,	
Lease Name Well No. Pool Na			ol Name, Including Formation ACUUM GRAYBURG SAN ANDRES			State,	Kind of Lease State, Federal or Fee STATE		Lease No. 857943		
Location	. 198		1					<u> </u>	1)0,-1	1/2	
Unit LetterG	:_/(5	<i>D</i>			asi Lie	e and	OC R	et From The _	1000	Line	
Section 36 Townshi	p 17	S	Range	34E	, N	МРМ,		LEA	<u> </u>	County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		OF O		D NATU	RAL GAS	e address to wh	ich approved	copy of this fo	rm is to be se	ent)	
Mobil Pipeline Company						Address (Give address to which approved copy of this form is to be sent) Texas New Mexico Pipeline Co.					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Texaco Exploration and Production Inc.					Address (Give address to which approved copy of this form is to be sent) -GPM Gas Corpbilinar66 Natural Last coepruary 1,					w) 7 1, 1992	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. E 31 178 35E			is gas actually connected? YES			hen? 08/01/79				
If this production is commingled with that	from any othe	r lease or	pool, gi	ve comming!	ing order num	ber:					
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)			Cas wen		Wakota	1	l log back	Dalla Res V		
Date Spudded	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						
	า	IBING.	CASI	NG AND	CEMENTI	NG RECOR	D				
HOLE SIZE					DEPTH SET			SACKS CEMENT			
					ļ			<u> </u>			
	 								-		
	 										
V. TEST DATA AND REQUES OIL WELL (Test must be after r	ST FOR A	LLOW	ABLE	all and must	he agual to or	eroed top all	ouable for thi	e denth or he f	or full 24 hou	er ì	
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Test		oj toda	ou ana musi		ethod (Flow, pu			01)=. 21 /101		
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.	Oil - Bhls.				Water - Bbls.			Gas- MCF		
					<u> </u>			<u> </u>			
GAS WELL	· · · · · · · · · · · · · · · · · · ·				Bbls. Conder	ente A A A CE		Gravity of C	ondeneste		
Actual Prod. Test - MCF/D Length of Test					Bott. Condensate MINICI						
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMI	PLIA	NCE			ICEDIA	ATION	חוייים		
I hereby certify that the rules and regulations of the Oil Conservation					11 (OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved						
7.m. Miller	<i>)</i>				By_				1 1 1 1 1 1 1 1		
Signature K. M. Miller		Div. Op		Engr.	By_	<u></u>		1 456050.7			
Printed Name May 7, 1991			Title 688–4		Title				·· · · · · · · · · · · · · · · · · · ·		
Date		Tele	ephone i	No.	ii						

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.