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

State of New Mexico ergy, Minerals and Natural Resources Departme.

Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.C. Drawer DD, Arlesia, NM 88210 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 02239 Texaco Exploration and Production Inc. Hobbs, New Mexico 88240-2528 P. O. Box 730 Other (Please explain) Reason(s) for Filing (Check proper box) EFFECTIVE 6-1-91 Change in Transporter of: New Well Dry Gas Oil Recompletion XCasinghead Gas X 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 II. DESCRIPTION OF WELL AND LEASE Kind of Lease State, Federal or Fee Lease No. Well No. Pool Name, Including Formation Lease Name 857943 68 VACUUM GRAYBURG SAN ANDRES STATE CENTRAL VACUUM UNIT Location _ Feet From The WEST Feet From The NORTH Line and 1980 . 1980 Line Unit Letter ___ Range 34E LEA , NMPM, County 175 36 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 X+ Texas New Mexico Pipeline Co. Mobil Pipeline Company Address (Give address to which approved copy of this form is to be sent), 1992 Name of Authorized Transporter of Casinghead Gas or Dry Gas Texaco Exploration and Production Inc. Is gas actually connected? When? Rge. If well produces oil or liquids, Unit Sec. E j 31 | 17S | 35E 08/01/79 give location of tanks. YES If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Diff Res'v New Well Workover Deepen Plug Back Same Res'v Oil Well Gas Well Designate Type of Completion - (X) Total Depth P.R.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 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.) 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** Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test - MCF/D Length of Test Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) 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 Mark Mark is true and complete to the best of my knowledge and belief. Date Approved ____ Signature Div. Opers. Engr. K. M. Miller

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

Printed Name

Date

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.