Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
ergy, Minerals and Natural Resources Department

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

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQ					AUTHORI					
I. TO TRANSPORT OIL AND NATURAL GAS											
Texaco Exploration and Production Inc.								Well API No. 30 025 05400			
Address							30	025 05400			
P. 0. Box 730 Hobbs, Ne	w Mexic	0 8824	0-2528	2							
Reason(s) for Filing (Check proper box)		0 0011		<u>.                                    </u>	X Ou	er (Please expl	ain)	<del></del>	<del></del>	<del></del>	
New Well	EFFECTIVE 6-1-91										
Recompletion Oil Dry Gas											
Change in Operator	Casinghe	id Gas	Conden	sate 📗							
	co Prod		c. F	P. O. Bo	x 730	Hobbs, Ne	w Mexico	88240-25	28		
II. DESCRIPTION OF WELL	AND LE		<del></del>								
Lease Name H L BATTON	Well No. Pool Name, Include  1 LOVINGTON PA			-			of Lease Lease No. , Federal or Fee 036960				
Location Unit Letter B	:660	)	Feet Fro	m The NO	ORTH Lin	e and1980		eet From The E/	AST	Line	
Section 5 Townshi	p 1	7\$	Range	37E	, N	мрм,		LEA		County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL ANT	NATTI	RAL GAS						
Name of Authorized Transporter of Oil or Condensate  Texas New Mexico Pipeline Co.						Address (Give address to which approved copy of this form is to be sent) 1670 Broadway Denver, Colorado 80202					
Name of Authorized Transporter of Casin Phillips 66 Natural Gas C	dn dn	A Rices (Giv	e address to wh	ich approved	copy of this form is to be sent) artlesville, Oklahoma 74004						
If well produces oil or liquids, give location of tanks.	Unit B		Twp. 17S	Rge.				10/01/71			
If this production is commingled with that from any other lease or pool, give commingling order number:											
IV. COMPLETION DATA		·	_	_							
Designate Type of Completion	- (X)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back Sa	ame Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth		<del></del>	P.B.T.D.		L		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
	Т	UBING.	CASIN	G AND	CEMENTI	NG RECORI	<u> </u>	l			
HOLE SIZE CASING & TUBING SIZE						DEPTH SET		SACKS CEMENT			
					<u> </u>						
V. TEST DATA AND REQUES	TEODA	I I OWA	DIE				<u> </u>			,	
					t						
Date First New Oil Run To Tank	be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)										
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL		·-··-				<del></del>					
tual Prod. Test - MCF/D Length of Test					Bbls. Condens	ate/MMCF		Gravity of Condensate			
Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
III OPEN ATON CONTROL					r						
VI. OPERATOR CERTIFICATE OF COMPLIANCE					OIL CONCEDIATION DIVISION						
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					11 6 V 8 1991						
					Date Approved						
L.M. Willer					Kantz						
Signature K. M. Miller Div. Opers. Engr.					ByGeologist						
Printed Name Title April 25, 1991 915-688-4834					<b>T</b> itle_	<u>_</u>	<del></del>		<u>-</u>		
Date											

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.