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

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DISTRICT III

State of New Mexico

En , Minerals and Natural Resources Department

**OIL CONSERVATION DIVISION** P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

1000 Rio Brazos Rd., Aztec, NN	87410						AUTHORI.					
Coperator	<del> </del>	-	IO IRA	MOI	PURTUI	L AND IN	ATURAL GA		API No.			
Texaco Exploration and Production Inc.								30 025 05402				
Address												
		/ Mexico	8824	0-25	28	<u> </u>	1 - /BI I	-1.1				
Reason(s) for Filing (Check proj New Well	per box)		Change in	Ton	morter of:		ther <i>(Please expl</i> e EFFECTIVE 6	•				
Recompletion		Oil		Dry								
Change in Operator		Casingher	id Gas 🗌	Conc	densate 🗌							
change of operator give name ad address of previous operator	Texac	o Prodi	ucing In	с.	P. O. Bo	x 730	Hobbs, Ne	w Mexico	88240-2	528	<del></del>	
L DESCRIPTION OF	WELL A	AND LE	ASE Well No.	T .	N. Test	r - Fr - die	-	Vind	of Lease	<del></del>	esse No.	
Lease Name STATE V				1	VINGTON P	ng Formation ADDOCK		State,	State, Federal or Fee STATE		788140	
Location			1 1	1-0	VIII CITT	ADDOCK		ISIA	· E	1		
Unit LetterD		:660	)	_ Feat	From The N	ORTH L	ne and660	)· F	et From The V	VEST	Line	
Section 5	Township	1	78	Rang	<sub>2e</sub> 37E	,1	VMPM,		LEA		County	
II. DESIGNATION OF	TDANG	PODTE	ነው ብፍ ብ	TT A	ND NATT	IDAT. GAS	:					
Name of Authorized Transporte			or Conde				ive address to wi	hich approved	copy of this fo	rm is to be s	ent)	
Texas New Mexico Pi	, <b>X</b>						dway Denver, Colorado 80202					
Name of Authorized Transporter  NONC	of Casing	head Gas		or D	ry Gas 🔲	Address (G	ive address to wi	hich approved	l copy of this fo	rm is to be s	eni)	
If well produces oil or liquids, give location of tanks.	Unit Sec.		Twp.   Rge.   178   37E		is gas actually connected? YES		When	When ? 10/01/71				
f this production is commingled	with that f	rom any oti	her lease or	pool,	give comming	ling order nu	mber:	<b>.</b>				
V. COMPLETION DA	TA		Oil Wel	· · · · · ·	Gas Weil	New Wel	l Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Con	pletion -		_i	i		i	İ		<u>i i</u>	Selist Res V	1	
tate Spudded		Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Produci				onnati	00	Top Oil/Ga	Top Oil/Gas Pay		Tubing Depth			
Perforations						<u> </u>			Depth Casing Shoe			
			TIDDIC.	CAS	CINIC AND	CEMENT	TNC DECOR	<u> </u>	<u> </u>			
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
TIOCE OILE		OASING & YOUNG										
		-				<del> </del>	<del></del>			<del></del>		
V. TEST DATA AND R	EQUES	T FOR A	ALLOW	ABL	E	1						
•	•						or exceed top all			or full 24 hos	urs.)	
Date First New Oil Run To Tan	K	Date of Te	est.			Producing 1	Method (Flow, pr	emp, gas lift,	eic.)			
Length of Test		Tubing Pressure				Casing Pressure			Choke Size		<u> </u>	
Actual Prod. During Test	st Oil - Bbls.					Water - Bb	Water - Bbls.		Gas- MCF			
		J. JVIA							<u> </u>			
GAS WELL										<u> </u>		
Actual Prod. Test - MCF/D		Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)		Tubing Pressure (Shut-in)				Casing Pres	Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CER	TIFIC	ATE OF	COMI	PLIA	NCE	1	011 001	10551	ATION:			
I hereby certify that the rules and regulations of the Oil Conservation						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.						JUN V O 1001						
<u></u>	_	_				Dat	e Approve	Others.	THE Dy			
ZM. Millen						By Fan Fautz						
K. M. Miller Printed Name		<del></del>	Div. Op	Title		Title	9					
May 7, 1991					-4834		·					
Date			ાલ	ephone	: NO.	11						

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.