## Submit 5 copies to Appropriate District Office

State of New Mexico \_nergy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

<u>DISTRICT I</u>

P.O. Box 1980, Hobbs, NM 88240

**DISTRICT II** 

P.O. Box Drawer DD, Artesia, NM 88210

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

Santa Fe, New Mexico 87504-2088

P.O. Box 2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

TEXACO EXPLORATION & PRODUCTION INC.						Well API No.			
Address	<del></del>	<u></u>					30-025-20046		
P.O. BOX 730, HOBB	S, NM 88240			_					
New Well	Change in Transporter of	f:		⊠ ∘	ther (Please	explain)			
Recompletion	Oil	CHANGE OF B			ATTERY LOCATION TO CENTRAL				
Change in Operator	Casinghead Gas	Condens	ate	] "	ATTERY				
If change of operator give name and address of previous operator						<u>, , , , , , , , , , , , , , , , , , , </u>	•	····	
II. DESCRIPTION OF WELL AND L	EASE								
Lease Name	, and the same of			_			of Lease State, Federal or Fee Lease No.		
Location	130	VACUUM GLO	RIETA	<del></del>	s	TATE		B-155	
Unit Letter N	:519	Feet From The	SOUTH_Line	e and <u>1839</u>	Feel	From The	VEST I	ine	
Section 36									
	Township_	17-S	Range	J4E	NIVIPIVI _		LEA CO	UNTY 	
III. DESIGNATION OF TRANSPOR	TER OF OIL AND NAT	TURAL GAS							
Name of Authorized Transporter of	Oil 🔀	Condensate	Address (Give		Jah anna 1				
Texas NM Pipeline	Casinghead Gas		P.O. Box 25	28 Hobbs, Ne	iicn approved w Mexico 8	copy of this for 3240	m is to be sent)		
Name of Authorized Transporter of	Address (Give address to which approved copy of this form is to be sent)								
If Well Produces oil or liquids,	exaco E&P Inc./GPM Gas Corp.  f Well Produces oil or liquids. Unit Sec. Twp. Rge.				74102/404	4 Penbrook A	v., Odessa, TX	79762	
give location of tanks	C 36	Twp. Rge.	YES	Illy connected	? Whe				
If this production is commingled with tha		1				7/4/	63		
IV. COMPLETION DATA	•	, ,		·				<del></del>	
Designate Type of Completion	- (X) Oil W	eil Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to	Prod.	Total Depth			P.B.T.D			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing For	rmotion	Top Oil/Oss 5						
The state of the s			Top Oil/Gas i	Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing	Shoe		
	TUBING	, CASING AND	CEMENTIN	IG RECORE	<u> </u>	<u> </u>			
HOLE SIZE	CASING and T		DEPTH SET			SACKS CEMENT			
		· · · · · · · · · · · · · · · · · · ·				ļ			
							<del> </del>		
V. TEST DATA AND REQUEST FO	R ALLOWABLE								
OIL WELL (Test must be after Date First New Oil Run To Tank	r recovery of total volum	e of load oil and m	ust be equal to	or exceed top	allowable fo	or this depth o	r be a full 24 ho	urs.)	
	Date of Test	Producing Method (Flow, pump, gas lift, etc.)							
Length of Test	Tubing Pressure	Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Water - Bbls.			Gas - MCF			
GAS WELL			· · · · · · · · · · · · · · · · · · ·	<del></del>		.L			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in	Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFICATE OF (									
I hereby certify that the rules and regulations of Division have been compiled with and that the is true and complete to the best of my knowled	information given above			OIL CO	NSERV	ATION [	IVISION		
6/2 11/	1								
Signature		<del></del>	Date A	pproved		MA	R 07 199	34	
Darrell J. Carriger	Engineering As	ssistant		rhhinaed			···	<del></del>	
rinted Name Title 3/94 397-0431			ORIGINAL SIGNED BY JERRY SEXTON  Title DISTRICT I SUPERVISOR						
Date	Telephone No.		Title		-		OUTER VISUR	<u> </u>	
	relephone No.	•	1						

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 in operator, well name or number, transporter, or other such changes
- 4) Sepreate Form C-104 must be filed for each pool in multiply completed wells.

BECHIVED

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