State of New Mexico

Submit 5 copies to Appropriate District Office

.iergy, Minerals and Natural Resources Department

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

DISTRICT I

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator TEXACO EXPLORATION & PRODUCTION INC.				Well API No. 30-025-20050					
Address P.O. BOX 730, HOBBS,	NM 88240								
	Change in Transporter of			[]	(5)				
<u> </u>		Other (Please explain) CHANGE OF BATTERY LOCATION TO CENTRAL BATTERY							
Recompletion C.I Dry Gas									
Change in Operator C	Casinghead Gas	⊠ Condens	sate	· · · · · · · · · · · · · · · · · · ·				· · · ·	
If change of operator give name and address of previous operator									
- II. DESCRIPTION OF WELL AND LE	ASE								
Lease Name	Well No	o. Pool Name, Inc	luding Formation		Kind	of Lease State, Fed	eral or Fee Lease	No.	
VACUUM GLORIETA WEST UNIT	45	VACUUM GLO	•		ST	ATE		B-270	
Location							•		
Unit Letter M	:560	Feet From The	SOUTH Lin	e and <u>660</u>	Feet	From The	<u>VEST</u> L	ine	
Section25	Township_	17S.	Range	34E	_ NMPM		LEA CC	YTAU	
UL DEGIONATION OF TRANSPORT	TER OF OU AND MAI	TUDAL CAC							
III. DESIGNATION OF TRANSPORT	Oil 🕅	Condensate	7 000	o oddraaa 4- :: 1	ioh occessi	nony of this f	m in to be ====4*		
Name of Authorized Transporter of TEXAS NEW MEXICO PIPELINE	- '	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2528 HOBBS, NEW MEXICO 88240							
Name of Authorized Transporter of	Casinghead Gas	X Dry Gas					m is to be sent)		
TEXACO E & P INC/GPM GAS COR	_	· · · · ·	-		• •	• •	OK AV ODESS	SA,TX 797	
If Weli Produces oil or liquids,	Utit Sec.	Twp. Rgs.	Is gas actua	ally connected					
give location of tanks	C 36	178 34Ē	YES			6/20	63		
If this production is commingled with that	from any other lease or	pool, give comming	lling order numbe	r:					
IV. COMPLETION DATA									
Designate Type of Completion -	· (X)	/ell Gas Wel	I New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res	
Date Spudded	Date Compl. Ready to Prod.		Total Depth	Total Depth		P.B.T.D			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casin	g Shoe		
	TUBING	G, CASING AN	ID CEMENTIN	NG RECOR	5	1.			
HOLE SIZE	CASING and		DEPTH SET			SACKS CEMENT			
									
V TEOT DATA AND DEOUEST FOR	P ALL OWARLE					.1			
V. TEST DATA AND REQUEST FOR OIL WELL (Test must be after	r recovery of total volur	me of load oil and	must be equal t	o or exceed to	n allowable	for this depth	or be a full 24 h	ours.)	
Date First New Oil Run To Tank	Date of Test			ethod (Flow, pu					
				· · · · · · · · · · · · · · · · · · ·		_ +			
Length of Test	Tubing Pressure	Casing Pres	Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls	Water - Bbls.			Gas - MCF			
GAS WELL						- 1			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Conde	Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut	Casing Pres	Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICATE OF	COMPLIANCE					<u> </u>			
I hereby certify that the rules and regulations of Division have been complied with and that the	f the Oil Conservation information given above			OIL C	ONSER'	VATION	DIVISION		
is true and complete to the best of my knowled	igo and pellet.					MILE A	1001		
Mote Dancey				_		MAR 03	1994		
Signature	* 4 +	Date	Date Approved						
Monte C. Duncan	Engr Asst		— Ву	* ***	•			-	
Printed Name	Title	-,	ORIGINAL SIGNED BY JERRY SEXTON						
3/1/94	397-0418		Title		DISTRIC	T I SUPERV	ISOR		
Date		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.