State of New Mexico

Submit 5 copies to Appropriate District Office

energy, 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 TEXA	erator TEXACO EXPLORATION & PRODUCTION INC.										Well API No. 30-025-20179						
Address																	
P.O.	BOX 730,	новв								<u> </u>							
New Well			Change in Transporter of:					_	Other (Please exp				plain) FTERY LOCATION TO CENTRAL				
			Oil						BATTERY				, , , , , , , , , , , , , , , , , , , ,				
Change in Operator C			Casing	asinghead Gas					J 								
change of operator gi	ive name and	address								·							
. DESCRIPTION	OF WEL	L AND I	EASE	: 							Kind r	f Lease State, Feder	al or Fee Lease	No.			
Lease Name /ACUUM GLORIETA WEST UNIT				Well No.			Name, Inclu	iding Formatio RETA	ing Formation			ATE B-2146					
ocation	CIA VVL	II ONII											· · · · · · · · · · · · · · · · · ·				
	Unit Letter	K	<u>:</u> ;.	23	10	Feet Fr	om The 🚅	SOUTH Li	ne an	d <u>2310</u>	Feet	From The <u>W</u>	<u>EST</u> Li	ne			
\$	Section	36		То	wnship	17S		Range _	34E		_ NMPM	·	LEA CO	UNTY			
. · · · · ·																	
I. DESIGNATION			RTER (Jana de col	iah annas ar	nonu of this fa	a ie to bo ecot				
O								Address (Give address to which approved copy of this form is to be sent) PO Box 2528, Hobbs, NM 88240									
Fexas NM Pipeline Name of Authorized Transporter of Casinghead Gas						1	Ory Gas		Address (Give address to which approved copy of this form is to be sent)								
Texaco E &P Inc./GPM Gas Corp.						·		PO Box 30	PO Box 3000, Tulsa, OK 74102/4044				Penbrook Av., Odessa, TX 79762				
If Well Produces		ds,		Unit C	Sec.	Twp.	Rge. 34E	Is gas actu	Jally c	onnected'	? Whe	n? 8/5/6	=3				
give location of ta If this production is		ad sodeh eb	at from	L	36	17S						0/3/					
		e wiin ir	iat irom	any one	i idase ui j	Jooi, giv	e comming.	ng craer name	ю.								
IV. COMPLETIO	IN DATA				Oil W	الم	Gas Well	New Well	ΙV	Vorkover	Deepen	Plug Back	Same Res'v	Diff Res'			
Designate Typ	e of Com	pletion	า - (X))	0							• ====================================					
Date Spudded			Da	te Compl	. Ready to	Prod.		Total Dept	h			P.B.T.D					
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation								Top Oil/Ga	Top Oil/Gas Pay				Tubing Depth				
Perforations													Depth Casing Shoe				
,								. 05.45.17	1110	DECOR		<u> </u>					
HOLE SIZE				TUBING, CASING AND C					DEPTH SET				SACKS CEMENT				
	LE SIZE		- -														
												ļ					
					· ·- · ·							-					
V. TEST DATA	AND REC	UESTI	FOR A	LLOWA	BLE							<u> </u>					
OIL WELL	(Test mi	ust be a	fter rec	overy of	total volur	ne of lo	ad oil and r	must be equa	il to or	exceed to	p allowable	for this depth	or be a full 24 h	nours.)			
Date First New Oil Run To Tank				Date of Test					Producing Method (Flow, pump, gas lift, et								
Length of Test	Tubing Pressure					<u> </u>	Casing Pro	Casing Pressure			Choke Size						
ctual Prod. During Test			Oi	Oil - Bbls.					Water - Bbls.				Gas - MCF				
and the same of																	
GAS WELL								<u> </u>				October -60	ondonasta .				
Actual Prod. Test	ctual Prod. Test - MCF/D Length of Test							Bbls. Con	Bbls. Condensate/MMCF				Gravity of Condensate				
Testing Method (p	thod (pitot, back pr.) Tubing Pressure (Shut-in)							Casing Pressure (Shut-in)				Choke Size					
VI. OPERATOR	CERTIFI	CATE C	OF CO	MPLIAN	CE		,										
I hereby certify that Division have been is true and complet	the rules and	l regulatio h and thai	ns of the	Oil Conse	rvation					OIL C	ONSER	VATION	DIVISION	1			
Signature Darrell J. Carrig	ger	W		Er	ngineering	Assist	ant	- 11	-	oproved	and the second	M	AR 07-19	394			
Printed Name				Tif	ile			Ву		0	RIGINAL S	IGNED BY	JERRY SEXT	ON			
3/3/94		<u>.</u>		39	7-0431			Titl	e		DIST	RICT I SUPI	RVISOR				
Date				Te	elephone I	No.	-										

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.