Submit 5 copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

# OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

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

I.

| Operator | Well API No. |
|---|---|
| TEXACO EXPLORATION & PRODUCTION INC. | 30-025-20334 |
| Address P.O. BOX 730, HOBBS, NM 88240 | |

New Well ☐ Change in Transporter of: ☒ Other (Please explain)
Recompletion ☐ Oil ☐ Dry Gas ☐ CHANGE OF BATTERY LOCATION TO CENTRAL BATTERY
Change in Operator ☐ Casinghead Gas ☒ Condensate ☐

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease State, Federal or Fee | Lease No. |
|---|---|---|---|---|
| VACUUM GLORIETA WEST UNIT | 131 | VACUUM GLORIETA | STATE | B-1565 |

Location
Unit Letter C : 660 Feet From The NORTH Line and 1880 Feet From The WEST Line
Section 36 Township 17-S Range 34-E NMPM LEA COUNTY

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| Name of Authorized Transporter of | | Address (Give address to which approved copy of this form is to be sent) |
|---|---|---|
| Texas NM Pipeline | Oil ☒ Condensate ☐ | P.O. Box 2528 Hobbs, New Mexico 88240 |
| Name of Authorized Transporter of | Casinghead Gas ☒ Dry Gas ☐ | Address (Give address to which approved copy of this form is to be sent) |
| Texaco E & P Inc/GPM Gas Corp. | | P.O. Box 3000 Tulsa, OK 74102/4044 Penbrook Av. Odessa, TX 79762 |

| If Well Produces oil or liquids, give location of tanks | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When? |
|---|---|---|---|---|---|---|
| | C | 36 | 17S | 34E | YES | 10/1/89 |

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 | 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 Formation | Top Oil/Gas Pay | Tubing Depth |
| Perforations | | | Depth Casing Shoe |

TUBING, CASING AND CEMENTING RECORD

| HOLE SIZE | CASING and TUBING SIZE | DEPTH SET | SACKS CEMENT |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be a full 24 hours.)

| Date First New Oil Run To Tank | 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. | Gas - MCF |

GAS WELL

| 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 COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature
Monte C. Duncan — Engr Asst
Printed Name — Title
3/1/94 — 397-0418
Date — Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 03 1994

By ORIGINAL SIGNED BY JERRY SEXTON
Title DISTRICT I SUPERVISOR

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.

DeSoto/Nichols 12-93 Ver 1.0