State of New Mexico

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 58210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

GIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TC TRANSPORT OIL AND NATURAL GAS

Operator TEXACO EXPLOR	ATION & PRODU	ICTION II	NC.	·		· · · · · · · · · · · · · · · · · · ·		Well API No.			
Address		CHONT					<u>i</u>	~	30-025-20505		
P.O. BOX 730, HO											
		Change in Transporter of:				Other (Please explain)					
Recompletion Change in Operator	Oil Casinghead Ga	Oil Casinghead Gas			☐ Dry Gas ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐			CHANGE OF BATTERY LOCATION TO CENTRAL BATTERY			
If change of operator give name and address of previous operator				en ann i nao e-arre i sales. Lu				-			
II. DESCRIPTION OF WELL AN	D LEASE										
Lease Name		Well No.	Poo	Name, Inclu	iding Formation	<u> </u>	Kind	d of Lease State, Fe	deral or Fee Lease	No	
VACUUM GLORIETA WEST UN Location	NT	89		CUUM GLOR				TATE	Loase	B-155-1	
Unit Letter	1 : 180	00 =	ant Er	om The	COUTH 1:m		_		····		
Section 36					SOUTH Line				EAST i	_ine	
Occion 30	/ov	vnship	175		Range	34E	NMPM 		LEA_ CC	YTNUC	
III. DESIGNATION OF TRANSPO	ORTER OF OIL A	ND NATL	JRAL (GAS							
Name of Authorized Transporter of	Oil	\boxtimes	Con	densate	Address (Give	address to wit	ich annroyed	conv of this f	m in to be		
Texas NM Pipeline Name of Authorized Transporter of					Address (Give address to which approved copy of this form is to be sent) PO Box 2528, Hobbs, NM 88240						
Texaco E&P Inc./GPM Gas Corp.	Casinghead Gas 🔲 Dry Gas [Ory Gas 🗌	Address (Give address to which approved copy of this form is to be sent)						
If Well Produces oil or liquids,	Unit Sec. Twp. Rge			Rge.	PO Box 300	0, Tulsa, OK lly connected	74102/4044 7 Whe	4 Penbrook Av., Odessa, TX 79762			
give location of tanks	С		17S	34E	YES		i jvviie	12/22/	63		
If this production is commingled with IV. COMPLETION DATA	that from any other I	ease or po	ol, give	commingling	g order number	:					
Designate Type of Completic	en - (X)	Oil Wei	1	Gas Well	New Wel:	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Data Spudded	Date Compl. F	Ready to Pr	rod.		Total Depth			P.B.T.D		· · · · · · · · · · · · · · · · · · · ·	
Elevations (DF, RKB, RT, GR, etc.)	, , , , , , , , , , , , , , , , , , ,				Top Oil/Gas Pay			Tubing Depth			
Perforations											
								Depth Casing	Shoe		
LIOUE OUZE	Т	UBING,	CAS	ING AND	CEMENTIN	G RECORE					
HOLE SIZE	CASING and TUBING SIZE			SIZE	DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUEST (OR ALLOWARI					-					
OIL WELL (Test must be at	ter recovery of total	= al volurne	of load	d oil and mu:	st be equal to	or eveed ton	alloumble fo				
Date First New Oil Run To Tank	rst New Oil Run To Tank Date of Test					producing Method (Flow, pump, gas lift, etc.)					
ength of Test	Tubing Pressur	e			Casing Pressu						
Octual Brook During T						re		Choke Size			
Actual Prod. During Test	Oil - Bbls	Oil - Bbis				Water - Bbls.			Gas - MCF		
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condens	ate/MMCF		Gravity of Con	ıdensate		
Festing Method (pitot, back pr.)	Tubing Pressure	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)					
VI OPERATOR OFFICE			••			_ (enar-iii)		Choke Size			
VI. OPERATOR CERTIFICATE OF Inhereby certify that the rules and regulations Division have been complied with and that it is true and complete to the best of my know	of the Oil Conservation	n ove	• . •			OIL CO	NSERV.	ATION D	IVISION		
Signature J.	ly				Da′e A₁	oproved		MAK	v 7 1994		
Darrell J. Carriger	Engine	ering Ass	istant			-ρ.ο ν εα		—-— ·· ·			
Printed Name 3/3/94	Title				By ORIGINAL SIGNED BY JERRY SEXTON						
	397-04	31			Title	_		ICT I SUPE			
Date	Teleph	one 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
- 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.