Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box '980, Hobos, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	T	OTRA	NSPC	ORT OIL	AND NA	TUFIAL GA	S war	DINA		<del></del>	
Operator Texaco Exploration and Production Inc.							i	IPI No. 025 2050!			
Address	. Massiaa	00040	0500	9							
P. O. Box 730 Hobbs, New Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator		hange in		nter of:	_	er (Pisase expla FECTIVE 6-					
If change of operator give name and address of previous operator Texac	o Produc	ing Inc	. I	P. O. Box	730	Hobbs, Nev	w Mexico	88240-2	528	<del></del>	
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No.   Pool Name, Including					ing romanou			nd of Lease No. ste, Federal or Fee 548570			
NEW MEXICO O STATE NCT											
Location Unit Letter	: Feet From The South Line and Feet From The Sunt Line										
Section 36 Township			Range			MPM,		LEA		County	
III. DESIGNATION OF TRANS				D NATUI	RAL GAS	e adabase to wh	ich approved	come of this f	orm is to be se	nt)	
Name of Authorized Transporter of Oil or Condensate SHUT-IN					Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casing SHUT	Casinghead Gas or Dry Gas SHUT-IN				Audices (Oil	C DECEMBER 10 IV.					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. Rge.		Is gas actually connected?		When	When ?			
If this production is commingled with that f	rom any othe	r lease or	pool, giv	e commingli	ing order num	ber:		<del>-</del>			
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 Sh				ng Shoe		
	77	IBING	CASI	NG AND	CEMENTI	NG RECOR	.D				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES	T FOR A	LLOW.	ABLE	oil and must	he equal to o	r exceed top all	owable for th	is depth or be	for full 24 hou	os.)	
OIL WELL (Test must be after recovery of total volume of load oil and must  Date First New Oil Run To Tank  Date of Test						be equal to or exceed top allowable for this depth or be for full 24 hours.)  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					Thu: 6 - 1	neste MACE		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Clavity 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.				OIL CONSERVATION DIVISION  Date Approved							
R.M. Miller Signature					∥ By_	· · · · · · · · · · · · · · · · · · ·			·····		
K. M. Miller Printed Name		Div. Op	Title		Title	)					
May 7, 1991  Date			688-4 ephone l								

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