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 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

1,												
Operator TEXACO EXPLOR	ATION	& PROD	LICTION	INC					Well	API No. 3	D-D25	-20
Address P.O. BOX 730, HO				iiio.			<del></del>				<del>30-02</del> 5-20235	7
New Well								<del></del>				
Recompletion		Change in Transporter of:					Other (Please explain)  CHANGE OF BATTERY LOCATION TO CENTRAL					
Change in Operator	Oil Casi	ingh <del>e</del> ad G	Sae		Dry Gas	BATTERY				TERY LOCA	ATION TO CEN	TRAL
If change of operator give name and addre		mynoau G			Condensa	ite [	<u> </u>					
of previous operator							······································					
II. DESCRIPTION OF WELL AN	D LEAS	E										
Lease Name Well No.   Pool Name, In						luding Formation Kind				of Lease State, Federal or Fee Lease No.		
/ACUUM GLORIETA WEST UNIT 57 VACUUM GL						RIETA S				FATE B-3196		
Unit Letter	A :	:_ 7	60	Feet Fr	rom The i	NORTH_Lin	ne and 510		East Er	om TheE	ACT	
Section 35		Т/	ownship_	•	o Tric		34E					Line
						Range	J4C	NMP	VI		LEA C	OUNTY
III. DESIGNATION OF TRANSPO	ORTER	OF OIL	AND NAT	TURAL (	GAS							
Name of Authorized Transporter of		Oil			densate	Address (Giv	e address to	which appro	oved cor	ov of this for	m is to be seed	
TEXAS NM 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 Dry Gas TEXACO E & P INC/GPM GAS CORP.						Address (Give address to which approved copy of this form is to be sent)						
If Well Produces oil or liquids,	JUKP.	Unit Sec. Twp. Rg				P.O. Box 3000 Tulssa OK 74102/404/ Is gas actually connected? When				enbrook A	v. Odessa, TX	79762
give location of tanks		С	38	175	34E	YES	۱ ا	When?	1? 10/7/63			
If this production is commingled with	that from	any othe	r lease or p	pool, give	e comminglin	g order numbe	r:	i		10/1/		
IV. COMPLETION DATA												*
Designate Type of Completion - (X)			Oil Well Gas Well			New Well Workover Deep		Deepe	en	Plug Back	Same Res'v	Diff Res
Date Spudded	Da	ite Compl.	. Ready to	Prod.	•	Total Depth		<u> </u>	P	B.T.D		1
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay						
The state of the s						Top Olingas Pay				Tubing Depth		
Perforations							- <u></u>		D	epth Casing	Shoe	
			TUBING	CAS	ING AND	CEMENTIN	IG RECOR	<u> </u>	L_			
HOLE SIZE		CASING and TUBING SIZE					DEPTH SET				SACKS CEMEN	
				·								
		<del></del>			-	+			-			
V. TEST DATA AND REQUEST OIL WELL (Test must be a				61	.aa							
OIL WELL (Test must be a Date First New Oil Run To Tank	Dai	te of Test	otal volum	e of load	d oil and mu	ist be equal to	or exceed to	op allowat	ole for th	nis depth o	r be a full 24 h	ours.)
						Producing Me	itnoa (riow, pi	ump, gas ir	ft, etc.)			
ength of Test	Tub	ing Press	ure		<del></del>	Casing Pressure				Choke Size		
ctual Prod. During Test	Oil -	- Bbis.			·	Water - Bbls.				Gas - MCF		
GAS WELL				<del></del>	<del></del>	<u> </u>		<del></del>				
actual Prod. Test - MCF/D	10	-4b - 4 T	· ·	· · · · · ·	<del></del>	T	·					
	Len	gth of Tes	it			Bbls. Condensate/MMCF				Gravity of Condensate		
esting Method (pitot, back pr.)	Tubi	ing Pressu	re (Shut-ir	1)	-	Casing Pressure (Shut-in)			CI	Choke Size		
I. OPERATOR CERTIFICATE O	F COM	PLIANCE	<u> </u>		<del></del>							
I hereby certify that the rules and regulation	s of the Oi	il Conservat	tion	•			<b>.</b>					
Division have been complied with and that is true and complete to the best of my know	he informa /ledge and	ation given d belief.	above	÷		·	OIL C	ONSE	RVA <sup>-</sup>	TION D	IVISION	
Mat 12	_											
Signature	·					Deta A	nnroved			MΔ	R 03 19	94
Monte C. Duncan		Engr	Asst		•	Date A	vpproved_			* */ (	,,	- ·
Printed Name		Title	***			By ORIGINAL SIGNED BY JERRY SEXTON						
397-0418						Title DISTRICT I SUPERVISOR						
Date		Telep	hone 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 poc! in multiply completed wells.