Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico .ergy, Minerals and Natural Resources Departn.

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 III 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	Ť	OTRA	NSP	ORT OIL	AND NA	TURAL GA					
Operator Texaco Exploration and Pro	ıc.				ì			API No. 025 20778			
Address			-								
P. O. Box 730 Hobbs, Ne	w Mexico	88240	<u> –252</u>	28	1771 O.1	(D) t					
Reason(s) for Filing (Check proper box)		~	T			er (Please expla		CES DATTE	DV I OCAT	rion.	
New Well	Change in Transporter of: 9-1-92 R-9710 CHANGES BATTERY LOCATION, Oil Dry Gas LEASE & WELL # FROM PHILLIPS ME HALE 7										
Recompletion	Casinghead	_	Conde	_							
If change of operator give name Dhillis					ok Stroot	Odago T	V 70760				
and address of previous operator	JS PELIUIE	um co.	400	i Penbro	ok street	, Odessa,T	<u>X. 19102</u>				
II. DESCRIPTION OF WELL			,				77:-4	-61			
Lease Name VACUUM GLORIETA WEST U	Well No. 84	l .	iame, Includi JUM GLOI	ing Formation		State,	Kind of Lease State, Federal or Fee STATE Lease I B-2317		ease No. 17		
Location											
Unit Letter : 560 Feet From The					ST Line and 2080 Feet From The SOUTH Line						
Section 35 Townshi	S	Range	34E	, NMPM,			LEA County				
III. DESIGNATION OF TRAN	SPORTE	OF OI	LAN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil TEXAS NEW MEXICO PEPELIN	or Condens			Address (Give address to which approved copy of this form is to be sent) BOX 2528, HOBBS, NEW MEXICO 88240							
Name of Authorized Transporter of Casin GPM GAS CORPORATION	X	or Dry	Gas	1			copy of this form is to be sent) ODESSA, TEXAS 79762				
If well produces oil or liquids, give location of tanks.	Sec. 36	Twp. 17S	Rge. 34E	Is gas actually connected? W		When	7–2–64				
If this production is commingled with that	from any othe	r lease or p	ocol, gi	ve comming	ling order num	ber:					
IV. COMPLETION DATA		,			1						
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	ly to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	ducing Fo	rmation	l	Top Oil/Gas Pay			Tubing Depth				
Perforations				1			Depth Casing Shoe				
	JBING.	CASI	NG AND	CEMENTI	NG RECOR	D	<u>'</u>				
			NG & TUBING SIZE			DEPTH SET			SACKS CEMENT		
								ļ			
					ļ						
								ļ			
V. TEST DATA AND REQUES					La agual ta an		ahla for thi	denth or he f	or full 24 hour		
OIL WELL (Test must be after red Date First New Oil Run To Tank	be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)										
								T			
Length of Test	Tubing Press	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.	Water - Bbls.			Gas- MCF		
GAS WELL	<u> </u>							* · · · · · · · · · · · · · · · · · · ·	•		
Actual Prod. Test - MCF/D Length of Test					Bbls. Conden	sate/MMCF		Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pres	sure (Shut-	in)		Casing Pressure (Shut-in)			Choke Size			
VL OPERATOR CERTIFIC	ATE OF	COMPI	LIAN	ICE			0551				
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and	ation given above			SEP 1 5 '92							
is true and complete to the best of my k	nowledge and	belief.			Date	Approved	j t	<u> </u>			
mc) -]						
Signature				By ORIGINAL SIGNED ST. IERRY SEXPON MISTRICAL PROPERTISON							
M. C. Duncan	Engr.		t								
Printed Name Title 9-1-92 505-393-7191					Title						
Date			hone N		ll .						

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.