State of New Mexico \_\_\_ergy, 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

Operator									Well AP	1 No			
TEXACO EXPLORATION & PRODUCTION INC.										30-025-20781			
Address P.O. BOX 730, HOB	BBS, NM 88240												
New Well	Change in Trans	porter of:					$\boxtimes$	Other (Pleas	se explain)				
Recompletion	Oil	Oil Dry Gas					(	HANGE O		BATTERY LOCATION TO CENTRAL			
Change in Operator	Casinghead Gas	Casinghead Gas Condensa					Ε						
If change of operator give name and addres of previous operator	s						:		<del></del> ;				
II. DESCRIPTION OF WELL AND	LEASE												
Lease Name Well No. Pool Name, In					luding Formation Kir				Kind of Lease	d of Lease State, Federal or Fee Lease No.			
VACUUM GLORIETA WEST UN	IUM GLORIETA WEST UNIT 83 VACUUM GL					RIETA				TATE B-2317			
Location Unit Letter	J : 1785	5 =-	F=-	Th -	EACT I		1000	_	_				
										The SOUT		ine	
Section <u>35</u>	Tow	nship <u> </u>	7S		Range	_34E		NMPM			LEA_ CC	UNTY	
III. DESIGNATION OF TRANSPO	RTER OF OIL AN	ND NATUI	RAL C	BAS.									
Name of Authorized Transporter of	Oil	$\boxtimes$		lensate	Address (O								
Texas NM Pipeline	lensate	Address (Give address to which approved copy of this form is to be sent) PO Box 2528 Hobbs, NM 88240											
Name of Authorized Transporter of	ry Gas												
Texaco E & P Inc/ GPM Gas Corp.  If Well Produces oil or liquids, Unit Sec. Twp. Rge.					PO Box 3000 Tulsa, OK 74102/4044					Penbrook Av. Odessa, TX 79762			
If Well Produces oil or liquids, give location of tanks	C	Unit Sec. T							When? UNKNOWN				
If this production is commingled with t				34E commingling				L					
IV. COMPLETION DATA	,		,, givo	Comminging	y order num	æi.					·		
Designate Type of Completion	n - (X)	Oil Well		Gas Well	New Well	Wor	rkover	Deepen	Plug	Back Sam	e Res'v	Diff Res'v	
Date Spudded	Date Compl. R	eady to Pro	od.		Total Dept	h			P.B.1	<u> </u>			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay					Tubin David			
Perforations					, , , , , , , , , , , , , , , , , , ,				Tubin	Tubing Depth			
	, .								Depth	Casing Shoe			
	TI	JBING, (	CASI	NG AND	CEMENT	ING RE	COR	D					
HOLE SIZE	HOLE SIZE CASING and TUBING SIZE					DEPTH SET				SACKS CEMENT			
V. TEST DATA AND REQUEST F OIL WELL (Test must be aff	OR ALLOWABLE	i Naturale e	المحالة	l aft and									
ate First New Oil Run To Tank	ter recovery of total	ii volume c	osoi ic	oli and mu	St be equal Producing N	to or exc	ceed to	p allowable	e for this	depth or be a	full 24 ho	urs.)	
		· · · · · · · · · · · · · · · · · · ·			r roducing N	lettion (L	low, pu	mp, gas litt,	etc.)				
ength of Test	Tubing Pressure	Tubing Pressure				ssure			Choke	Choke Size			
ctual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbls.				Gas - MCF			
GAS WELL						<del></del>							
ctual Prod. Test - MCF/D	Length of Test				Bbls. Conde		MCF		Gravit	ty of Condensa			
esting Method (pitot, back pr.)	Tubing Pressure	Tubing Pressure (Shut-in)								The state of the s			
					Casing Pressure (Shut-in)				Choke	Choke Size			
I. OPERATOR CERTIFICATE OF I hereby certify that the rules and regulations Division have been complied with and that this true and complete to the best of my knowledge.	of the Oil Conservation	n ove				OI	L CC	NSER		ON DIVIS			
Signature Darrell J. Carriger	-			-	Date	Appro	vea_			MAR U7	1994		
	And Marketing Acousticity												
3/2/94 ·	inted Name Title 397-0431				By ORIGINAL SIGNED BY JERRY SEXTON								
Date	Telephone No.					Title DISTRICT 1 SUPERVISOR							
	i elepiit	UIE NO.			I								

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.