## State of New Mexico

Submit 5 copies to Appropriate District Office

DISTRICT!

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

⊂nergy, 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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							Wel	I API No.			
TEXACO EXPLORA	30-025-20942										
Address P.O. BOX 730, HOB	BS, NM 88240										
New Well Change in Transporter of:					Other (Please explain)						
Recompletion	Oil	Dry Gas			CHANGE OF BATTERY LOCATION TO CENTRAL						
Change in Operator	Casinghead Gas	Casinghead Gas			BATTERY						
If change of operator give name and address of previous operator	s	-									
					,						
II. DESCRIPTION OF WELL AND		Vell No.	Pool	Name Includ	ing Formation		Kind of	Lease State, Federal or F	•• Lease	No.	
Lease Name VACUUM GLORIETA WEST UN	1	37	i i	CUUM GLORIE	-		STA	TE		B-1722-1	
Location							_		·		
Unit Letter					OUTH Line and					Line	
Section 30	Town	ship1	17S		Range <u>35E</u>		_NMPM		LEA CO	YTAUC	
III. DESIGNATION OF TRANSPO	ORTER OF OIL AN	D NATU	JRAL (	GAS							
Name of Authorized Transporter of Oil Condensate					Address (Give address to which approved copy of this form is to be sent)						
Fexas NM Pipeline					PO Box 2528, Hobbs, NM 88240						
Name of Authorized Transporter of Casinghead Gas Dry Gas Dry Gas					Address (Give address to which approved copy of this form is to be sent) PO Box 3000, Tulsa, OK 74102/4044 Penbrook Av., Odessa, TX 79762						
If Well Produces oil or liquids,	xaco E & P Inc./GPM Gas Corp.  Well Produces oil or liquids Unit Sec. Twp. Rge.					Is gas actually connected? When?					
give location of tanks	С	36	178	34E	YES			UNKNOW	1		
If this production is commingled with	that from any other le	ase or po	ool, giv	e commingling	g order number:						
IV. COMPLETION DATA		-						,			
Designate Type of Completi	on - (X)	Oil We	·II	Gas Well	New Weli W	orkover	Deepen	Plug Back Sa	ime Res'v	Diff Res'v	
Date Spudded	Date Compl. R	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 Sho	De		
	т.	LIBING	CAS	SING AND	CEMENTING F	ECOR	<u> </u>				
HOLE SIZE CASING and					DEPTH SET			SACKS CEMENT			
								·			
					-						
V. TEST DATA AND REQUES	T FOR ALLOWARI	F									
OIL WELL (Test must be	after recovery of tot	al volum	e of lo	ad oil and m	ust be equal to or	exceed to	op allowable f	or this depth or b	e a full 24	hours.)	
Date First New Oil Run To Tank Date of Test					Producing Method	l (Flow, p	ump, gas lift, e	(C.)			
Length of Test	Tubing Pressu	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbis.			Gas - MCF		
GAS WELL					<del> </del>						
Actual Prod. Test - MCF/D	Length of Test	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressu	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFICATE	OF COMPLIANCE	_ <del></del>					-	_i			
I hereby certify that the rules and regula  Division have been complied with and to is true and complete to the best of my le	tions of the Oil Conservat	ion				OIL C	ONSER	VATION DI	VISIO	N	
1) 111	/:							MAD Å	7 100	L	
Signature Darrell J. Carriger	Fpair	neering /	Assist	ant	Date Ap	proved	<u> </u>	MAR 0	1 133	T	
Printed Name	Title				Ву	ARIZ	INIAT CIPE	EN RY IEDDY	SEXTO	 N	
3/3/94	397-0431				ORIGINAL SIGNED BY JERRY SEXTON  Title DISTRICT I SUPERVISOR						

INSTRUCTIONS: This form is to be filed in compliance with rule 1104

Date

- 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.

Telephone No.

- 3) Fill out only sections I, II, III, and VI for changes in operator, well name or number, transporter, or other and changes
- 4) Sepreate Form C-104 must be filed for each pool in multiply completed wells.