State of New Mexico

Submit 5 copies to Appropriate District Office

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 OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

P.O. Box Drawer DD, Artesia, NM 88210 DISTRICT III

DISTRICT II

1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

<u> </u>				ANSFOI	IVI OIL AIV							
Operator TEXACO EXPLORATION & PRODUCTION INC.									Vell API No. 30-025-20943			
Address P.O. BOX 730	, HOBBS, I	NM 88240										
New Well Change in Transporter of:						Other (Please explain)						
Recompletion	Oi	Oil Dry Gas							ATTERY LOCATION TO CENTRAL			
Change in Operator	Ca	Casinghead Gas				e BATTERY						
If change of operator give name and of previous operator	i address											
II. DESCRIPTION OF WEL	L AND LEA	\SE										
Lease Name			Well No	. Pool i	Vame, Inclu	ding Formation		Kind	of Lease State, Fede	rai or Fee Lease	No.	
VACUUM GLORIETA WES	26 VACUUM GLO			JUM GLOR	RIETA			TATE B-1722-1				
Location Unit Letter	E	18	00	Feet Froi	m The N	IORTH Lin	e and 330	Feet	From The V	VFST I	ine.	
	30									LEA CO		
						Nange						
III. DESIGNATION OF TRA	NSPORTE	R OF OIL	AND NAT	URAL G	AS							
Name of Authorized Transporter of Oil Condensate						Address (Give address to which approved copy of this form is to be sent)						
Texas NM Pipeline						PO Box 2528, Hobbs, NM 88240						
Name of Authorized Transporter of Casinghead Gas Dry Gas						Address (Give address to which approved copy of this form is to be sent)						
Texaco E&P Inc/GPM Gas Corp. If Well Produces oil or liquids, Unit Sec. Twp. Rge.					Rge.	PO Box 3000, Tulsa, OK 74102/4044 Penbrook Av., Odessa, TX 79762 Is gas actually connected? When?						
give location of tanks	C 36		175	34E	YES			6/7/64				
If this production is commingle	d with that fi	om any othe	r lease or p	oool, give	comminglin	g order numbe	r:					
IV. COMPLETION DATA												
Designate Type of Com	nletion - ('X)	Oil W	ell	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	ipiction - (Date Compl	. Ready to	Prod.		Total Depth			P.B.T.D	<u> </u>		
:											~	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay			Tubing Depth			
Perforations									Depth Casing	Shoe		
			TUBING	S, CASI	NG AND	CEMENTI	NG RECO	RD	·			
HOLE SIZE		SING and			DEPTH SET			SACKS CEMENT				
1.000												
V. TEST DATA AND REQ												
,				ne of load	d oil and m					or be a full 24 h	iours.)	
Date First New Oil Run To Tar	ık	Date of Tes	it			Producing M	ethod (Flow,	pump, gas lift, e	etc.)			
Length of Test		Tubing Pressure				Casing Pres	sure		Choke Size			
Actual Prod. During Test Oil - Bbls.						Water - Bbls.			Gas - MCF			
GAS WELL												
Actual Prod. Test - MCF/D Length of Test						Bbis. Conde	nsate/MMCF		Gravity of Condensate			
Testing Method (pitol, back pr.	g Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF O	OMOULANIA				- 			_ 			
I hereby certify that the rules and Division have been complied with is true and complete to the best of	regulations of t and that the ir	the Oil Consent oformation give	vation				OIL (CONSER	VATION I	DIVISION	I	
Signature						Date Approved				MAR 07 1994		
Darrell J. Carriger	Engineering Assistant											
Printed Name 3/3/94						ORIGINAL SIGNED BY JERRY SEXTON Title DISTRICT I SUPERVISOR						
Date	Telephone No.					Title DISTRICT I SUPERVISOR						
		H										

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 of her such changes
- 4) Sepreate Form C-104 must be filed for each pool in multiply completed wells.

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OFFICE