DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

M ROTOR OF LAKE

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410	REQUEST FOR ALLO	WABLE AND AUTHORIZ	ZATION					
TO TRANSPORT OIL AND NATURAL GAS			Well A	Well API No.				
Operator Texaco Exploration and Production Inc.				25 20944		OK		
Address								
	lew Mexico 88240-2528	X Other (Please expla	in)					
Reason(s) for Filing (Check proper box	Change in Transporter of							
New Well		<u></u>						
Recompletion	Oil Dry Gas Casinghead Gas Condensate	ī						
Catalgo is openin								
ing address of bisations obsisting	Adout to be a management of the second of th	. Box 730 Hobbs, Nev	w Mexico	88240-25	28			
II. DESCRIPTION OF WELL Lease Name	Well No. Pool Name, I	Well No. Pool Name, Including Formation		of Lease Lease No. Federal or Fee 548450				
NEW MEXICO N STATE	8 VACUUM	WOLFCAMP	ISTAT	E	<u> </u>			
Location Unit LetterD	. 550 Feet From Ti	he NORTH Line and 500	Fe	et From The W	EST	Line		
Section 30 Town	ship 17S Range 35E	, NMPM,		LEA		County		
T DESIGNATION OF TRA	ANSPORTER OF OIL AND N	ATURAL GAS						
Name of Authorized Transporter of Oi Texas New Mexico Pipelin	Address (Give address to wi	1670 Broadway Denver, Colorado 80202						
Name of Authorized Transporter of Ca Texaco Exploratio	P. O. Box 11	Address (Give address to which approved P. O. Box 1137 Eunic			copy of this form is to be sent) e, New Mexico 88231			
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp.	Rge. Is gas actually connected? 35E YES	1 * ·			11/21/64		
If this production is commingled with the	hat from any other lease or pool, give cor	mmingling order number:						
IV. COMPLETION DATA	Oil Well Gas V	Vell New Well Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v		
Designate Type of Completi		Total Depth	<u> </u>	P.B.T.D.				
Date Spudded	Date Compl. Ready to Prod.	1000 2070		1.5.1.5.				
Elevations (DF, RKB, RT, GR, etc.)	vations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations			_ 	Depth Casing	Shoe			
	TUBING, CASING	AND CEMENTING RECOR	D					
HOLE SIZE			DEPTH SET		SACKS CEMENT			
HOLL OLL				J		<u> </u>		
				<u> </u>				
				 				
V. TEST DATA AND REQU	JEST FOR ALLOWABLE			is death on he for	- 6.11 24 hor	ge)		
OIL WELL (Test must be after	ier recovery of total volume of load oil ar	Producing Method (Flow, p	uma ene life	etc.)	Jm. 44 1101			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, p						
Look of Tor	Tubing Pressure	Casing Pressure	Casing Pressure		Choke Size			
Length of Test		Water - Bbls.		Gas- MCF				
Actual Prod. During Test	Oil - Bbls.							
GAS WELL	T	Bbis. Condensate/MMCF		Gravity of Co	odensate			
Actual Prod. Test - MCF/D	Length of Test	2000						
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)		Choke Size	. · <u>-</u>			
	FICATE OF COMPLIANCE	E OIL COL	NSERV	'ATION E	OIVISIO	NC		
Division have been complied with	regulations of the Oil Conservation and that the information given above							
is true and complete to the best of	my knowledge and benefit	Date Approve	Orig.	· J.				
4.111.11/hll	er	— Ву	Paul	Kautz				
Signature K. M. Miller	Div. Opers. Eng	<u>ır.</u>	. Ge	ologist				
Printed Name	Title	Title						

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

May 7, 1991

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.

915-688-4834

Telephone No.

- 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.