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

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

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

12.20

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 I.	REQ					AUTHORI TURAL G			•		
Operator Texaco Exploration and Production Inc.							Well API No. 30-025-20948				
Address P. O. Box 730 Hobbs. N	ew Mexic	0 8824	0-2528			 					
Reason(s) for Filing (Check proper box, New Well Recompletion Change in Operator		Change in		ter of:		ner (Please expl HANGE IN BI		OCATION			
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	L AND LE		T=====		 		Vind	of Lease	- 	ease No.	
Lease Name Well No. Pool Name, Included TEXACO SHELL STATE COM 1 VACUUM UPP					State.			, Federal or Fee	Federal or Fee B-1056-1		
Location Unit LetterJ	:183	33	_ Feet Fro	m The SC	OUTH Lin	e and184	15 F	eet From The	EAST	Line	
Section 25 Towns	hip	17-S	Range	34-E	, N	мрм,		LEA		County	
III. DESIGNATION OF TRA	NSPORTE	ER OF O	IL AND	NATU	RAL GAS						
Name of Authorized Transporter of Oil or Condensate Texas NM Pipeline						Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528 Hobbs, New Mexico 88240					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Texaco E & P Inc. and					Address (Give address to which approved copy of this form is to be sent) GPM GAS CORPORATION					ent)	
If well produces oil or liquids, give location of tanks.	Unit H	•			is gas actually connected? When YES			7 6/1/64			
If this production is commingled with the IV. COMPLETION DATA	at from any oti	her lease or	pool, give	comming	ing order num	ber:					
Designate Type of Completio	n - (X)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pl. 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					<u> </u>			Depth Casing Shoe			
					CEMENTING RECORD			OACKO OFILIFIAT			
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUE OIL WELL (Test must be after	recovery of to	ALLOW i stal volume	ABLE of load oil	l and must	be equal to or	exceed top allo	wable for thi	is depth or be fo	or full 24 hou	rs.)	
Date First New Oil Run To Tank						Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pre	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbls.			Gas- MCF		
GAS WELL					L			. 			
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Co	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pre	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC I hereby certify that the rules and regr Division have been complied with an is true and complete to the best of my	ulations of the	Oil Conser	vation	CE		OIL CON	4		DIVISIO		
Signature MONTE C. DUNCAN ENGR. ASST.					By Replaced St.						
Printed Name 10-20-92 Date			Title 393-71 phone No.		Title.		 · · · · · · · · · · · · · · · · · · 				

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.