State of New Mexico

energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| "  | -  |   |             |               |   |   |       |                     |                                 |  |          |  |  |
|--|--|---|-------------|---------------|---|---|-------|---------------------|---------------------------------|--|----------|--|--|
| Operator TEXACO EXPLORATION & PRODUCTION INC.  |  |   |             |               |   |   |       |                     |                                 | Vell API No.<br>30-025-20951                           |          |  |  |
| Address P.O. BOX 730, HOB  | BS, NM 88240   | )   |             |               |   |   |       |                     |                                 |  |          |  |  |
| New Well   | Change in Tra  | nsporter of   | f·          |               |   | □ 0   |       |                     |                                 |  | ·        |  |  |
| Recompletion   | Oil Dry Gas  |   |             |               |   | Other (Please explain)  CHANGE OF BATTERY LOCATION TO CENTRAL |       |                     |                                 |  |          |  |  |
| Change in Operator   | Casinghead Gas Condensa  |   |             |               | BATTERY   |   |       |                     |                                 |  | 11RAL    |  |  |
| If change of operator give name and address of previous operator   |  |   |             |               |   |   |       |                     |                                 |  |          |  |  |
| U DECODIOTION OF MAIN  |  |   |             |               |   |   |       |                     |                                 |  |          |  |  |
| II. DESCRIPTION OF WELL AND  | LEASE  | 1 104 11 01   |             |               |   | <del> </del>  |       |                     |                                 |  |          |  |  |
| Lease Name VACUUM GLORIETA WEST UNI  | Well No. Pool Name, Inc<br>PRIETA WEST UNIT 25 VACUUM GLO                |   |             |               |   | DIETA   |       |                     |                                 | of Lease State, Federal or Fee Lease No.  ATE B-1030-1 |          |  |  |
| Location Unit Letter   | <u>-1 : 19</u>   | 985   | Feet Fr     | om The        | IORTH Lin   | e and <u>865</u>  | F     | eet                 | From The <u>E</u>               | EAST   | Line     |  |  |
| Section 25   | то   | wnship_   | 17-S        |               | Range   | 3⁄∔E  |       |                     |                                 | LEA C  |          |  |  |
| III. DESIGNATION OF TRANSPO  | PTER OF OU   | AND MAT   | TUDA:       | 040           |   |   |       |                     |                                 |  |          |  |  |
| Name of Authorized Transporter of  | Oil  |   | UKAL        | GAS           |   |   | ·     |                     |                                 |  |          |  |  |
| Texas NM Pipeline  | densate  | 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  | Address (Give address to which approved copy of this form is to be sent) |   |             |               |   |   |       |                     |                                 |  |          |  |  |
| Name of Authorized Transporter of Casinghead Gas D.y Gas Texacc E & P Inc/ GPM Gas Corp.   |  |   |             |               | P. O. Box 3000 Tulsa, OK 74102/404                |   |       |                     | opy of this for<br>4 Penbrook A | n is to be sent)                                       | ¥ 79762  |  |  |
| If Well Produces oil or liquids, give location of tanks  | Unit   | Sec.<br>35  | Twp.        | Rge.<br>34E   | !s gas actua                                      | 'ly connected'  | ? V   | Vhen                |                                 |  | <u> </u> |  |  |
| If this production is commingled with the  | at from any other  | r lease or p  | pool, give  | e commingling | order number                                      |   | i     |                     | 10/24/                          | <del></del>  |          |  |  |
| IV. COMPLETION DATA  |  |   |             |               |   |   |       |                     |                                 |  |          |  |  |
| Designate Type of Completion   | i - (X)  | Oil W   | ell         | Gas Well      | New Well  | Workover  | Deepe | n                   | Plug Back                       | Same Res'v   | Diff Res |  |  |
| Date Spudded   | Date Compl.  | Date Compl. Ready to Prod.  |             |               |   | Total Depth   |       |                     | P.B.T.D                         |  |          |  |  |
| levations (DF, RKB, RT, GR, etc.) Name of Producing Formation  |  |   |             |               | Top Oil/Gas Pay                                   |   |       |                     | Tubing Depth                    |  |          |  |  |
| Perforations .   | <del></del> -  |   | ·           |               | <u> </u>  |   |       |                     | Depth Casing                    | Shoe   |          |  |  |
|  |  | TUBING  | , CAS       | ING AND       | CEMENTIN  | G RECORE  | )     |                     |                                 | <del></del>  |          |  |  |
| HOLE SIZE  | CASING and TUBING SIZE   |   |             |               | DEPTH SET   |   |       |                     | SACKS CEMENT                    |  |          |  |  |
|  |  |   |             |               |   |   |       |                     |                                 |  |          |  |  |
|  |  |   |             |               | ļ   | · · · · · · · · · · · · · · · · · · ·                         |       |                     |                                 |  |          |  |  |
|  |  | <del></del>   |             |               |   |   |       |                     |                                 |  |          |  |  |
| V. TEST DATA AND REQUEST FOOL WELL (Test must be after   |  |   | o of loo    | d ail and     | -   |   |       |                     |                                 |  | · ·      |  |  |
| OIL WELL (Test must be aft<br>Date First New Oil Run To Tank   | Date of Test   | Jean Volum  | e or loa    | u on and mu   |   | thod (Flow, pur   |       |                     |                                 | be a full 24 h   | iours.)  |  |  |
|  |  |   |             |               | . rougeling inc                                   |   |       | i, <del>c</del> ic. | .)                              |  |          |  |  |
| ength of Test  | Tubing Press   | Tubing P.essure   |             |               |   | Casing Pressure   |       |                     |                                 | Choke Size   |          |  |  |
| Actual Prod. During Test   | Oil - Bbls.  |   |             |               | Water - Bbls.                                     |   |       |                     | Gas - MCF                       |  |          |  |  |
| GAS WELL   |  |   |             |               |   |   |       |                     |                                 |  |          |  |  |
| Actual Prod. Test - MCF/D  | Length of Tes  | Length of Test  |             |               |   | Bbls. Condensate/MMCF   |       |                     | Gravity of Condensate           |  |          |  |  |
| esting Method (pitot, back pr.)  | Tubing Pressure (Shut-in)  |   |             |               | Casing Pressure (Shut-in)                         |   |       |                     | Choke Size                      |  |          |  |  |
| /I. OPERATOR CERTIFICATE OF  | COMPLIANCE   |   |             |               |   |   |       |                     |                                 |  | -        |  |  |
| I hereby certify that the rules and regulations<br>Division have been complied with and that th<br>is true and complete to the pest of my knowle | e information given  |   |             |               |   | OIL CO  | NSEF  | <b>?</b> V/         | ATION D                         | IVISION  |          |  |  |
| Month Survey<br>Signature  |  | ·<br>   |             |               |   |   |       |                     | MA                              | R 03 19  | 94       |  |  |
| onte C. Duncan Engr Asst   |  |   |             |               | Date Approved  By ORIGINAL SIGNED BY JERRY SEXTON |   |       |                     |                                 |  |          |  |  |
| rinted Name Title<br>/1/94 397-0418  |  |   |             |               | By  |   |       |                     | PERVISOR                        |  |          |  |  |
| Date   |  | chane No.   | <del></del> |               | Title   |   |       |                     |                                 |  |          |  |  |
|  |  |   |             |               |   |   |       |                     |                                 |  |          |  |  |

'NSTEUCT:ONS: 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 Jule 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 0-104 must be filed for each pool in multiply completed wells.