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

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

State of New Mexico

Minerals and Natural Resources Department

Eng OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT III 000 Rio Brazos Rd., Azlec, NIM 87410	REQU	JEST FO	R Al	LOWAB	LE AND A	UTHORIZ	ATION				
TO TRANSPORT OIL AND NATURAL GAS								PI No.		·	
Operator Texaco Exploration and Production Inc.						30 025 21432					
Address											
. O. Box 730 Hobbs, New	/ Mexico	88240	-252	8	[V] 01	(5)	? \				
esson(s) for Filing (Check proper box)		Change in		_		r (Please expla FECTIVE 6-			•		
lew Well	- 1-9 1										
Lecompletion	Oil	닏	Dry G								
Change in Operator	Casinghe	id Gas	Conde	nsate							
	o Prod	ucing Inc	·	P. O. Box	c 730	Hobbs, Nev	w Mexico	88240-25	28		
. DESCRIPTION OF WELL	AND LE	ASE					Vinde	(Lease	1 1.	ase No.	
Lease Name Well N			Ŀ	lame, Includi	Sta			ate, Federal or Fee 744880			
STATE BA		10	VAC	JUM GLOF	RIETA		STAT	<u>E</u>	<u> </u>		
ocation	66/			- NO	RTH	. 760	· .	et From The EA	ST	Line	
Unit Letter A : 660 Feet From The NO											
Section 36 Township	1	78	Range	34E	, Ni	MPM,		LEA		County	
II. DESIGNATION OF TRAN	SPORTI	ER OF O	IL AN	D NATU	RAL GAS		-, -		a ia ta ka sa	-41	
Name of Authorized Transporter of Oil or Condensate						Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)						
SHUT		l Sec.	Twp. Rge.		is gas actually connected?			When?			
if well produces oil or liquids, jve location of tanks.	Unit	i	Ĺ	<u> </u>			i				
this production is commingled with that	from any o	her lease or	pool, g	ive comming	ing order num	ber:					
V. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back S	ıme Res'v	Diff Res'v	
Designate Type of Completion	- (X)	i	i.		İ	<u> </u>	<u> </u>	<u> </u>			
Date Spudded	Date Con	npl. Ready to	o Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Depth	Tubing Depth		
Elevations (DF, KKB, KE, OK, att.)								Depth Casing Shoe			
Perforations								Depui Casing	Since		
		TUBING	CAS	ING AND	CEMENTI	NG RECOR	עס				
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
HOLE SIZE	CACING & FORMS CITE										
											
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABLI	E		·					
OIL WELL (Test must be after t	recovery of	total volume	of load	d oil and mus	t be equal to o	r exceed top all	owable for th	is depth or be for	full 24 hos	os.)	
Date First New Oil Run To Tank	Date of 1				Producing N	lethod (Flow, p	ump, gas lift,	elc.)			
Length of Test	Tubing P	Tubing Pressure				Casing Pressure			Choke Size		
					J						
Actual Prod. During Test	s.			Water - Bbla			Gas- MCF				
	<u></u>										
GAS WELL Actual Prod. Test - MCF/D	Length of Test				Bbls. Conde	Bbis. Condensate/MMCF			Gravity of Condensate		
Actual Prod. Test - MCP/D	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)						
Testing Method (pilot, back pr.)								Choke Size			
VL OPERATOR CERTIFIC	ATE C	E COM	DI TA	NCE	-						
VI. OPERATOR CERTIFIC I hereby certify that the rules and regu	با شا اسار	he Oil Coes vi COIAT	a audina Anitema		H	OIL CO	NSERV	'ATION E	71VISI	אכ	
I hereby certify that the rules and regularision have been complied with and is true and complete to the best of my	that the in	formation gi	ven abo	ove	Dot	a Annroys	ad	Control &			
					Dal						
Signature	k)				By_	GRIS	ileja, gar	<u> 1930. iza:</u> Pagis 193	Y BEXTO	<u> </u>	
K. M. Miller		Div. O	pers. Tide	Engr.			· ·	3 (1 (14 kg) 42 (1 m) 1 4 (2	• .,		
Printed Name May 7 1991		915-		: -4834	Intle	9					

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.

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.