Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

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

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

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

Santa Fe, New Mexico 6/304-2088

I.	1	TO TRAI	NSPORT O	L AND NA	TURAL G					
Operator Texaco Exploration and Production Inc.						1	API No. -025-21675			
Address P. O. Box 730 Hobbs, Nev	w Mexico	88240	-2528							
Reason(s) for Filing (Check proper box)	W INICAIOO	00240	2020	X Ou	er (Please expl	ain)				
Change in Transporter of: 9-1-92 R-9710 CHANGES LEASE & WELL # FROM										
Recompletion	Oil Dry Gas MOBIL BRIDGES STATE # 111									
Change in Operator Casinghead Gas Condensate										
Mahasa of asserting asserting	<del></del>									
and address of previous operator Mobil	Producin	ng Texas	New Mexic	o 9 Greeny	way Plaza,	Suite 27	00, Houstoi	n Tx, 77	046	
TE DESCRIPTION OF WELL	ANDIEA	CIC								
II. DESCRIPTION OF WELL AND LEASE  Lease Name Well No.   Pool Name, Include					ing Formation   Kit			of Lease No.		
VACUUM GLORIETA WEST U	-	DIETA		Federal or Fee B-1520						
VACUUM GLORIETA WEST UNIT 23 VACUUM GLORIETA STATE B-1520  Location										
Unit Letter F : 2310   Feet From The NORTH Line and 1860   Feet From The WEST Line										
Section 25 Township 17S Range 34E , NMPM, LEA County									County	
III. DESIGNATION OF TRANS	SPORTE	R OF OIL	AND NATI	JRAL GAS						
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)										
MOBIL PIPELINE COMPANY P.O. BOX 900 DALLAS, TEXAS 75221										
Name of Authorized Transporter of Casing		Address (Give address to which approved copy of this form is to be sent)								
GPM CORPORATION			·		4 PENBRO	OK AVENUE	ODESSA, 1	TEXAS 79	3762	
If well produces oil or liquids, give location of tanks.	Unit		wp.   Rge 17S   34E		y connected? YES	When		1 66		
<u> </u>	<del> 1</del>		<del></del>	<del></del>			3-3	1–66		
If this production is commingled with that f	rom any othe	r lease or po	ol, give comming	gling order num	ber:	<del></del>				
IV. COMPLETION DATA		· · · · · · · · · · · · · · · · · · ·				·	<del></del>			
Designate Type of Completion -	· (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back  S	ame Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations								Depth Casing Shoe		
<del></del>							Depar casing (	<b>5.20</b>		
TUBING, CASING AND					CEMENTING DECODED					
11015 0175				CENTENTI				SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
	<del> </del>									
U MEGA PARA AND PROTIDO	D 50 D 41						l			
V. TEST DATA AND REQUES										
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)										
Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)										
	<del>,</del>						Ta. 1 6:			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
								G. 1/66		
ctual Prod. During Test Oil - Bbls.				Water - Bbls.			Gas- MCF			
	<del></del>			1			L			
GAS WELL								•		
Actual Prod. Test - MCF/D	xd. Test - MCF/D Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
		<b>i</b>								
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
									-2	
VI. OPERATOR CERTIFICA	TE OF (	COMPL	IANCE							
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above				OIL CONSERVATION DIVISION SEP 0 9 92						
is true and complete to the best of my knowledge and belief.					Date Approved					
					whblooe	J				
MC Auri					The same of the same of the same					
Signature					By ORIGINAL SIGNED BY SUCRY SECTION					
M. C. Duncan					PISTRIGE I SUPERVISOR					
Printed Name 9-1-92		Ti 505–39:		Title	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.

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.

Date