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 __iergy, Minerals and Natural Resources Departn___.

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| Operator | | | | | ······································ | | Well | API No. | · | |
|--|--|----------------|------------|-------------|--|------------------|------------------------------|---------------------------------------|-----------------|-------------|
| Texaco Exploration and Prod | duction | lnc. | | | | | 30 | 025 2390 | 5 | OK |
| Address | | | | | | | | | | |
| P. O. Box 730 Hobbs, Nev | w Mexico | 8824 | 0-2528 | <u> </u> | | | | | | |
| Reason(s) for Filing (Check proper box) | | | | | | er (Please expla | | | | |
| New Well | | Change in | Transpor | ter of: | EF | FECTIVE 6 | -1-91 | | | |
| Recompletion | Oil | | Dry Gas | | | | | | | |
| Change in Operator | Casinghea | d Gas 🔲 | Condens | ate 🔲 | | | | | | ···· |
| If change of operator give name and address of previous operator Texas | co Inc. | P. 0. | Box 7 | 30 H | lobbs, Nev | w Mexico | 88240-2 | 528 | | |
| II. DESCRIPTION OF WELL | AND LE | | To 117 | 7 | P | | Kind | of Lease | | ease No. |
| Lease Name | | Well No. | | • | ng Formation | | State | , Federal or Fe | 8579 | |
| NORTH VACUUM ABO WEST | UNIT | 15 | VACU | JM ABO, | NORTH | | ISTA | <u> </u> | | |
| Location Unit Letter D | :660 |) | _ Feet Fro | m The NO | RTH Lin | and660 | ·1 | et From The | WEST | Line |
| Section 27 Township | . 1 | 78 | Range | 34E | N | MPM, | | LEA County | | |
| Getton Township | | | _ | | | vii ivi, | | <u>,</u> | | |
| III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil | | OF Conde | | NATU | RAL GAS Address (Give | e address to wh | ich approv | d copy of this f | orm is to be se | nt) |
| Mobil Pipeline Company | | V. COMME | | | | | | allas, Texa | | · |
| Name of Authorized Transporter of Casing | | Co. 1/2 | or Dry C | | | | | d copy of this f Bartlesville, | | |
| If well produces oil or liquids, | Unit | Sec. | Twp. | | is gas actuall | | Whe | | | |
| give location of tanks. | N | 21 | 175 | 34E | | YES | | | /16/72 | |
| If this production is commingled with that i | from any oth | er lease or | pool, give | comming | ing order numi | ber: | | | | |
| IV. COMPLETION DATA | , | | | | | | | | | |
| | ~ | Oil Wel | 1 G | as Well | New Well | Workover | Doepen | Plug Back | Same Res'v | Diff Res'v |
| Designate Type of Completion | | | <u> </u> | | Total Depth | l | <u> </u> | <u> </u> | I | |
| Date Spudded | Date Com | pi. 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 | | | | | | | | | |
| Perforations Depth Casing Shoe | | | | | | | | | | |
| renormons | | | | | | | | | g out | |
| | | TIDDIC | CACIN | IC AND | CEMENTI | NG RECOR | <u> </u> | | | |
| 11015 0135 | | | | | CEMENTI | DEPTH SET | <u> </u> | -1 | SACKS CEM | ENT |
| HOLE SIZE | CA | SING & T | UBING S | IZE | | DEP IN SET | | - | SAUNS CEMI | <u> </u> |
| | | | | | - | | | + | | |
| | | | | | | | | | | |
| | ļ | | | | | | | | | |
| V. TEST DATA AND REQUES | TEOD | HOW | ADIE | | l | | | | | |
| • | | | | :1 and muse | he equal to ou | exceed ton all | mable for ti | ie denth ar he | for full 24 hou | re l |
| | | | oj loda o | u ana musi | | ethod (Flow, pu | | | (U) = 1 | |
| Date First New Oil Run To Tank | Date of Te | g | | | Licencing ivi | calou (1 tow, pa | <i>στ</i> φ, <u>g</u> ω .y., | ., | | |
| Length of Test | Tubing Pre | STIER | | | Casing Press | ıre | | Choke Size | | |
| | | | | | | | | | | |
| Actual Prod. During Test | Oil - Bbls. | | | | Water - Bbls. | | | Gas- MCF | | |
| | | | | | <u> </u> | | | | | |
| GAS WELL | | | | | | A = 1 4= | | · · · · · · · · · · · · · · · · · · · | | |
| Actual Prod. Test - MCF/D | Length of | Test | | | Bbis. Conder | sate/MMCF | | Gravity of (| Condensate | |
| | <u></u> | | | | Carina | res (Chin in) | | Choke Size | | |
| Testing Method (pitot, back pr.) | Inping Pro | essure (Shu | u-m) | | Casing Press | ne (anman) | | CHORE SIZE | | |
| VI. OPERATOR CERTIFIC | ATE OF | COM | PLIAN | CF | | | | | | |
| I hereby certify that the rules and regula | | | | | (| DIL COV | ISER\ | 'ATION | DIVISIO | N |
| Division have been complied with and | | | | | | | | 11:4: | :: A 4AA | • |
| is true and complete to the best of my k | | | | | Date | Approve | d | JUN | U 3 199 | 1. |
| J.m. Mille | ,) | | | | | • • | | | | |
| Signature | <u> </u> | | | | By_ | | | O BY JERRY | | |
| K. M. Miller Printed Name | | Div. Op | ers. E | ngr. | | | | | | |
| May 7, 1991 | | | 688-48 | | Title | | | | | |
| Date | | Tel | ephone No |) . | Ji . | | | | | |

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.

BECEVED.

MAY 2 8 1991

owe Hobby office

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

| DISTRIBUTE | DW | |
|-----------------|-----|--|
| BANTA PE | | |
| FILE | | |
| U.S.G.A. | | |
| LAND OFFICE | | |
| TRANSPORTER OIL | | |
| | BAS | |
| OPERATOR | | |
| PROBATION OF | ICE | |

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 08-01-83 Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| <u> </u> | ITHORIZA' | TION TO TRANSP | ווס דאטי | AND NATUR | PAL GAS | | |
|---|---------------|-------------------------------------|------------------------------------|--|---|--------------------|-----------------|
| I. | | | | | | | |
| Operator | | | | | | | |
| Texaco Inc. | | | | | | | Ĭ |
| Address | | | | | | | |
| P.O. Box 728, Hobbs, New M | Mexico | 88240 | | | | | ł |
| Resson(s) for filing (Check proper box) | | | | Other (Please | explain) | | |
| New Well Ch | ange in Tra | naporter of: | | Change | of Operator from | Texaco | Producing |
| Recompletion | Oii | Dr: | y Gas | Inc. to | Texaco Inc. Effe | ctive | 01/01/87] |
| Change in Ownership | Casinghed | od Gas Co | ndensate | | | | |
| If change of ownership give name and address of previous owner | | | | | | | |
| sna sagress of previous owner | | | | | | | |
| II. DESCRIPTION OF WELL AND LEAS | | | | | | | |
| Lease Name | ell No. Poo | l Name, including Fo | ormation | | Kind of Lease | | Lease No. |
| North Vacuum Abo West Unit | 15 V a | cuum Abo Nor | th | | State, Federal or Fee St | ate | B-143-3 |
| Location | | | | | | | |
| Unit Letter D : 660 F | eet From Th | North Line | and | 660 | _ Feet From The | West | |
| 27 | 170 | | 2.4- | | T | | |
| Line of Section 27 Township | 17S | Range | 34E | , NMPM, | Lea | | County |
| III. DESIGNATION OF TRANSPORTED Name of Authorized Transporter of Oil Mobil Pipeline Company Name of Authorized Transporter of Casinghead Texaco Inc. If well produces oil or liquids, qive location of tanks. If this production is commingled with that if | or Conde | or Dry Gas Twp. Rge. 17S 34E | P.O. Address P.O. Is gas ac | Box 900, Give address t Box 728, tually connecte Yes | 01/16/7 | l is form is to | |
| NOTE: Complete Parts IV and V on re | | | | | | | |
| VI. CERTIFICATE OF COMPLIANCE | | | | OIL C | ONSERVATION DIVIS | SION | |
| I hereby certify that the rules and regulations of the | e Oil Conser | vation Division have | APPR | OVED | MAY 1 4 198 | 7 | 19 |
| been complied with and that the information given in my knowledge and belief. | s true and co | implete to the best of | BY ORIGINAL SIGNED BY JERRY SEXTON | | | | |
| | | | " | | DISTRICT I SUPERVISO | | |
| 0 | | | TITLE | : | | | |
| 171/Bouran | | | 70 | ia form ia to | be filed in compliance w | uish a = | |
| AUIL MOUVANG | 1 | İ | 1 | | est for allowable for a ne | | |
| (Signosure) / District Administrative S | 3morris | For | well, t | his form must | be accompanied by a tal | bulation of | the deviation |
| (Title) | super vis | - | | | this form must be filled o | out comple | tely for allow- |
| May 13, 1987 (Date) | | | Fi | Il out only S | ections I, II, III, and V, or transporter, or other s | | |
| (22.4) | | | | | C-104 must be filed for | _ | |

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HAVE TO BORNER TO BORNER



STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

| 44. 65 CAPAGE BEE | *** | | | |
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| CHIRMUTH | D44 | | | |
| TANTA FE | | | | |
| PHE | | | | |
| WAAA, | | | | |
| LAND OFFICE | | | | |
| TRAMPORTER | OIL | | | |
| | 9 A8 | | | |
| OPERATOR | | | | |
| PROBATION OF | 16.5 | | | |

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Formal 06-01-83 Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| I. | AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | | | | | |
|---|--|--------------------|--------------|---------------------------------------|---|------------------|--|
| Operator | | | | · · · · · · · · · · · · · · · · · · · | | | |
| Texaco Producing Inc. | | | | | | | |
| Assess | | | | | | | |
| P.O. Box 728, Hobbs, New | Mexico | 88240 | | | | | |
| Reason(s) for filing (Check proper box) | | | | Other (Pleas | e explain) | · | |
| New Voll | Cuando IV I | ronsporter of: |) | Change | of Operator from Texas | o Inc. to | |
| Change in Ownership | > | nead Gas | Dry Ges | | Producing Inc. Effect | | |
| Control of | Caemar | | Condensate | 1 | | | |
| If change of ownership give name and address of previous owner | | · | | | | | |
| II. DESCRIPTION OF WELL AND LE | | | | | | | |
| Lease Name | i | ool Name, Inciedir | a Locustion | | Kind of Lease | Lease No. | |
| North Vacuum Abo West Unit | _15 \ V | Jacuum Abo | North | | Siete, Federal or Fee State | B-143-3 | |
| Location | | | | | | | |
| Unit Letter D : 660 | Feet From 1 | North_ | Line and | 660 | Feet From TheWest | | |
| 07 | 170 | _ | - n | | T | | |
| Line of Section 2' Township | <u>17s</u> | Range | 34E | , NMPL | . Lea | County | |
| III. DESIGNATION OF TRANSPORT | ER OF OU | I AND NATED | AT CAS | | | | |
| Name of Authorized Transporter of OII | | lenedte | | (Give address | to which approved copy of this form i | s to be sent) | |
| Mobil Pipeline Company | | | PO | Box 900 | Dallas, TX 75221 | • | |
| Name of Authorized Transporter of Casinghe | ed Cos 🔝 | or Dry Gas | Address | (Give address | to which approved copy of this form i | s to be sent) | |
| Texaco Inc. | | | P.0 | Box 728. | Hobbs, NM 88240 | | |
| If well produces oil or liquids, Unit | Sec. | Twp. Rge. | is gas or | tually connect | ed? When | | |
| erve location of tanks. N 21 17S 34E Yes 01/16/72 | | | | | | | |
| If this production is commingled with the | t from any o | other lease or po | ol, give com | mingling orde | r number: | , | |
| NOTE: Complete Parts IV and V on | mana ridi | · if macassam | | | | | |
| | | TI HELESSETY. | 11 | | | | |
| VI. CERTIFICATE OF COMPLIANCE | | | | OIL C | ONSERVATION DIVISION | | |
| 1 haraba samifu sharaha sada sada samifada a C | -k- 03 C | | - - | | ADD 9 2 1097 | • | |
| I hereby certify that the rules and regulations of been compiled with and that the information give | | | | OVED | HER & D 1901 | · 19 | |
| my knowledge and belief. | | | BY | 190 | al hant | 5 | |
| | | | | 0 | | | |
| 1.10 | | | TITLE | | logist | | |
| 1/1/ 600 | | | 77 | is form is to | be filed in compliance with Ru | LE 1194. | |
| (Signature) District Admin | istrativ | ve Supervis | li well, t | his form musi | seat for allowable for a newly dri the accompanied by a tabulation well in accordance with gulg t | of the deviation | |
| (Tile) | | To Juper VIS | ~ A1 | l sections of | this form must be filled out components wells. | | |
| February 09, 1 | 198/ | | F | Il out only 5 | ections I, II, III, and Vi for ch, or transporter or other such cha | nangos of owner, | |
| | | | S. | | C-104 must be filed for each | | |

· (C) (1)

MA 23 1387

CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

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| titt mintel it | 314 | | | |
| BANTA FE | | | | |
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| U.S.U.S. | | | | |
| LAND OFFICE | | _ | | l |
| ************ | OIL | | | |
| | DAS | | | |
| OPERATOR | | | | |
| BADRATION OF | HC W | • | l . | |

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| OPERATOR PRODUCTION OFFICE | AUTHORIZATION TO TRANS | PORT OIL AND NATU | RAL GAS | |
|--|--|---------------------------------|--|---|
| Texaco, Inc. | | | | |
| Address | Hobbs, New Mexico 88 | 240 | | |
| Reason(s) for filing (Check proper box | | Other (Please | : explain) | |
| New Well | Change in Transporter of: | Change | Lease name effec | tive 3/1/82. |
| Recompletion | OII Dry Go | | y: N.M. 'D' St. | |
| Change in Ownership | Casinghead Gas Conde | nsale | | |
| change of ownership give name nd address of previous owner | | | | |
| ESCRIPTION OF WELL AND | Lucia M. Trank Mana Including F | ormallon | Kind of Lease | Lease N. |
| North Vacuum Abo We | esti | | State, Federal or Fee | B-143-3 |
| Unit | 15 Vacuum Abo | o North | L | |
| Unit Letter D : 66 | O Feet From The North Lin | ne and 660 | Feet From The West | |
| Line of Section 27 T. | waship 17-S Range | 34-Е , мирм | , Lea | County |
| DESIGNATION OF TRANSPOR | TER OF OIL AND NATURAL GA | Andress (Give address) | to which approved copy of this | form is to be sent) |
| | | 1 | | |
| Mobil Pipe Line Com | singhead Gas X or Dry Gas | Address (Give address | O. Dallas, Texas | form is to be sent) |
| Texaco, Inc. | | P.O. Box 728 | 8, Hobbs, New Me | xico 88240 |
| If well produces oil or liquids, | Unit Sec. Twp. Rge. | Is gas actually connecte | ed? When | |
| give location of tanks. | F 27 17-S 34-E | Yes | 1-16-72 | l L |
| this production is commingled wi | ith that from any other lease or pool, | give commingling order | | Same Resty, Diff, Fr |
| Designate Type of Completi | on - (X) Oil Well Gas Well | New Well Holkbyel | i i i | 1 |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | |
| Lievations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | · · · · · · · · · · · · · · · · · · · |
| Perforations | | | Depth Casing | Shoe |
| | | D CENTURNIC DECOR | | |
| | CASING & TUBING SIZE | D CEMENTING RECOR | i | KS CEMENT |
| HOLE SIZE | CASING & TUBING SIZE | DE, 111 0. | | |
| | | | | |
| | | | | - |
| | | <u>i</u> | i | |
| EST DATA AND REQUEST F | OR ALLOWABLE (Test must be a | ifter recovery of total valuers | me of load oil and must be equi | al to or exceed top a |
| Date First New Oil Run To Tonks | Date of Test | Producing Mathod (Flou | | |
| | | | · · · · · · · · · · · · · · · · · · · | |
| _ength of Test | Tubing Pressure | Casing Presoure | Choke Size | |
| Ictual Prod. During Test | Oil-Bbls. | Water-Bhls. | Gas-MCF | |
| | | | | Angeles and the second |
| IAS WELL | | | | |
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/AMC | Gravity of Cor | adensate |
| Testing Method (pitot, back pr.) | Tubing Pressure (Ehut-in) | Casing Freesure (Ehut | -in) Choke Sixe | |
| ERTIFICATE OF COMPLIAN | CE | OIL C | DNSERVATION DIVISION | NC |
| | | | 1920 12 | 10 |
| twistion have been complied with | regulations of the Oil Conservation and that the information given | APPROVED | | |
| have is true and complete to the | best of my knowledge and belief. | 11 | | |
| | | 11 | | |
| 01111 | | | be filed in compliance wit | |
| XIII chush | | 1 | uses for allowable for a new | dy drilled or deeps |
| () (biand | atwe) | tonts taken on the | t be accompanied by a tabu wall in accordance with at | TELION OF THE GOVERN |
| Assistant District | | All pertions of | this form must be filled out | t completely for all |
| (Tie | ile) | able on new and to | completed walls. | |
| February 25, 1982 | te l | well name or number | Sections I. H. III, and VI r, or transporter, or other suc | th cuantie of country |
| | | Separate Forms completed wells. | n C-104 must be filed for | each pool in multi. |