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

State of New Mexico
En , 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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	7	OTRA	NSI	PORT OIL	AND NA	TURAL GA	<u>45</u>	-				
Operator Well Texaco Exploration and Production Inc. 30								025 24026 <i>DK</i>				
Address		00046										
P. O. Box 730 Hobbs, No Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Oil Casinghead	Change in	Trans Dry (porter of:		er (Please expla						
If change of operator give name	aco Inc.	P. 0.	Box	730 H	lobbs. Nev	v Mexico	88240-2	528				
mg sources or brevious oberanor					0000, 110	· MCXICO	002.0					
II. DESCRIPTION OF WELL Lease Name NORTH VACUUM ABO WES		Well No. Pool Name, Includi			St.			of Lease Lease, Federal or Fee 857947		ease No. 17		
Location Unit Letter H	:2080	O Feet From The NORTH Line and 560						eet From The EAST Line				
Section 21 Township 17S Range 34E					, NI	мрм,		LEA County				
III. DESIGNATION OF TRA	NSPORTE	OF O	IL A	ND NATU	RAL GAS							
Name of Authorized Transporter of Oil or Condensate INJECTOR						Address (Give address to which approved copy of this form is to be sent)						
ame of Authorized Transporter of Casinghead Gas or Dry Gas INJECTOR					Address (Give address to which approved copy of this form is to be sent)							
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp	. Rge.	is gas actuali	y connected?	When	. ?		<u></u>		
If this production is commingled with the IV. COMPLETION DATA	t from any othe	r lease or	pool,	give comming!	ing order zum	ber:						
Designate Time of Completion	· · · (X)	Oil Well	Ţ	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion - (X) Spudded Date Compl. Ready to Prod.					Total Depth	<u> </u>	<u> </u>	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations				<u> </u>	I			Depth Casir	ng Shoe			
	T	JBING,	CAS	SING AND	CEMENTI	NG RECOR	D					
HOLE SIZE CASING & TUBI				SIZE		DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABL	E								
OIL WELL (Test must be after	recovery of tol	al volume	of loa	d oil and must					for full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of Test	Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pres	Tubing Pressure				ire		Choke Size				
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL									•			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC I hereby certify that the rules and reg Division have been complied with an is true and complete to the best of my	ulations of the (d that the infor	Dil Conser nation give	vation	i .		DIL CON						
7. M. Will		. vuidi				Approve						
Signature K. M. Miller Div. Opers. Engr.					By_	- Durant	va birotee () Vatarii ()	ar mast Mennisq	SEXTON R			
Printed Name May 7, 1991				4834	Title	an Company of Company of Company	and the second second		· · · · · · · · · · · · · · · · · · ·			
Date	_	Tele	phone	No.	11							

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.