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

## State of New Mexico Ent Minerals and Natural Resources Department

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT II 2.O. Drawer DD, Antesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

40		10 110	1110	<u> </u>	-, 1110 11/	TOTINE CI		ABORT	<del></del>		
Operator Texaco Exploration and Production Inc.								Well API No. 30 025 24087			
Address								33 VZ3 Z4V81			
P. O. Box 730 Hobbs, Nev	w Meyico	8824	0_25	28							
Reason(s) for Filing (Check proper box)	WINCKIOC	0024	U-LU		X Out	et (Please expl	ain)		,		
New Well	EFFECTIVE 6-1-91										
Recompletion	Oil	Change in	Dry (	•							
Change in Operator	Casinghea	d Gas 🔲	Cond	lensate 🔲		_					
If change of operator give name and address of previous operator  Texa	co Inc.	P. 0.	Вох	730 H	lobbs, Ne	w Mexico	88240-2	528	-		
II. DESCRIPTION OF WELL	AND LEA						1 101	-61			
·			ool Name, Including Formation ACUUM ABO, NORTH			State	Kind of Lease State, Federal or Fee STATE		Lease No. 857947		
Location	0141		1 474	JOOIN ABO	NOITH		1S1A	<u> </u>			
Unit LetterJ	:_ 2080	<u> </u>	_ Feet	From The SC	UTH LIA	and1980	<u>.                                    </u>	eet From The	EAST	Line	
Section 33 Townshi	p 17	78	Rang	e 34E	, N	MPM,		LEA		County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL A	ND NATU							
Name of Authorized Transporter of Oil Mobil Pipeline Company		or Conde	nsate		Address (Giv			d copy of this f		int)	
Name of Authorized Transporter of Casinghead Gas X or Dry Gas					P. O. Box 900 Dallas, Texas 75221  Address (Give address to which approved copy of this form is to be sent)						
Phillips 66 Nat			1=		<del>                                     </del>			g. Bartlesville, Oklahoma 74004			
If well produces oil or liquids, give location of tanks.	ids,   Unit   Sec.   Twp.   Rge.   Is gas actually connected?				Whe	Whea ? 03/01/82					
If this production is commingled with that	from any oth	er lease or	pool, g	give comming	ing order num	ber:					
IV. COMPLETION DATA		lount u		0.12.5	1	( av. 4	1 5	7 8 - 5 - 1	10 5 .	<u>.</u>	
Designate Type of Completion	- (X)	Oil Well	\	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	i. Ready to	o Prod.		Total Depth	·	<u></u>	P.B.T.D.	1	. 4	
Elevations (DF, RKB, RT, GR, etc.)	.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
									g can		
	T	TIRING	CAS	ING AND	CEMENTI	NG RECOR	D				
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
		· <del>-</del>									
TECT DATA AND DECLIES	TEODA	HOW	A DI 1	7	l				·	<del> </del>	
V. TEST DATA AND REQUES OIL WELL (Test must be after re					he equal to or	exceed ton alla	awahle for th	is death as he s	for full 24 hou	ere )	
Date First New Oil Run To Tank	Date of Tes		0) 1001	2 Oil Will MillSt		thod (Flow, pu			<u> </u>	70.7	
Length of Test	Tubing Pressure				Casing Press	ıre		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL								· · · · · · · · · · · · · · · · · · ·	•		
Actual Prod. Test - MCF/D	Length of	est			Bbis. Conden	sate/MMCF		Gravity of C	condensate		
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
some usement (buce, eace be a											
VL OPERATOR CERTIFICA	ATE OF	COMP	LIA	NCE		NII 001	10501	· • ~ · · · · ·			
I hereby certify that the rules and regula	ations of the	Oil Conser	vation		OIL CONSERVATION DIVISION						
Division have been complied with and t			en abo	ve				JUN 0 3			
is true and complete to the best of my k	nowledge an	a belief.			Date	Approve	d`				
J.M. Willer	,					• •					
Signature					By ORIGINAL SIGMED BY JUST / JUNTON DISTRICT I SUPERVISOR						
K. M. Miller Printed Name	<u> </u>	Div. Op	ers.	Engr.					•		
May 7, 1991		915-6	688-		Title	Marketin Market Control	to an allocations and the second	<u> </u>	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.