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Appropriate District Office
DISTRICT I
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

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

DISTRICT III

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410				PORT OIL							
Operator	<del></del>	10 In	TIVO	or Orti Oil	אווט ווא	TOTIAL	Wall	API No.	<del></del>		
Texaco Exploration and Production Inc.							30	30 025 25708			
Address											
P. O. Box 730 Hobbs, Ne	w Mexic	o 8824	0-2	528	- N-23		<del></del>				
Reason(s) for Filing (Check proper box)			_			er (Please expl					
New Well	0.1	Change in		aporter of:	Er	FECTIVE 6	)- (+9 I				
Recompletion	Oil Casinghe	-4 Gas □		densate							
If shapes of country give name											
and address of previous operator Text	aco Prod	ucing in	<u>c.</u>	P. O. Bo	x /30	Hobbs, Ne	w Mexico	88240-	2528	· · · · · ·	
II. DESCRIPTION OF WELL	AND LE	ASE							·		
Lease Name		Well No. Pool Name, Including							Lease Lease No. 857943		
CENTRAL VACUUM UNIT		81	VA	CUUM GRA				TE	E   057343		
Location	400	_		00	N. 137. I	404	^		WEST		
Unit LetterL	_ :133:	2	_ Fee	t From The SC	Lie	e and131	<u>.                                    </u>	eet From The	MESI	Line	
Section 36 Townsh	: <u> </u>	178	Dan	ge 34E	N	мрм,		LEA		County	
Secuon Towns	<u></u>		IVA II	·KC							
III. DESIGNATION OF TRAINAME of Authorized Transporter of Oil	VSPORTE	or Conde		AND NATU	RAL GAS Address (Gir	ve address to w	hich approve	d copy of this	form is to be s	ent)	
INJECTOR  Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)						
INJECTOR											
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Tw <sub>I</sub>	p.   Rge. 	is gas actual	ly connected?	Whe	n ?			
If this production is commingled with tha	from any or	her lease or	pool,	give comming	ling order num	ber:					
IV. COMPLETION DATA	•										
Designate Type of Completion	ı - (X)	Oil Wel	ı [	Gas Well	New Well	Workover	<b>Deepen</b>	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Dep	Tubing Depth		
Perforations					<u> </u>	·		Depth Casi	Depth Casing Shoe		
TUBING, CASING AN					CEMENTI	NG RECO	ND .				
HOLE SIZE	C/	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
									<del></del> -		
	<del> </del>					<del></del>					
								+	<del></del>		
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABL	Æ	<u> </u>				<del></del>		
OIL WELL (Test must be after	recovery of 1	total volume	of lo	ad oil and mus	t be equal to o	r exceed top al	lowable for 1	is depth or be	for full 24 how	ers.)	
ate First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
					Casing Press	1189		Choke Size			
Length of Test	Tubing Pressure			Casing Press	w.c						
Actual Prod. During Test	rod. During Test Oil - Bbls.				Water - Bbls			Gas- MCF	Gas- MCF		
							,				
GAS WELL										-	
Actual Prod. Test - MCF/D	Length of	Test			Bbis. Conde	nsate/MMCF		Gravity of	Condensate		
Testing Method (pitot, back pr.)	Tubing Pr	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VL OPERATOR CERTIFIC	TATE O	F COM	PI.I	ANCE	1			(A TIOS:	D		
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					Date Approved						
is true and complete to the best of my	,	and belief.			Date	Approve	ed	_m and a ""	# MOI	i	
J.M. Mille	4/_				D.,	11 . · · ·		de esta	[# \ranks]		
Signature					By A Research A CAR A CONTROL SEXTION						
K. M. Miller Printed Name			Titl		Title	)		~ ~			
May 7, 1991				-4834		,				<u> </u>	
Date		Tel	lephor	ne 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.