Submit 5 Copies
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 Rottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Texaco Exploration and Production Inc.								Well API No. 30 025 25809 OK			
	lew Mexic	o 8824	0-25	528	- No.	(5)					
Reason(s) for Filing (Check proper box	:)					er (Please expl					
New Well	<b>0</b> 11	Change i	_	sporter of:	Er	FECTIVE 6	- 1-91				
Recompletion   Change in Operator   X	Oil		Dry	_							
Change in Operator X  f change of operator give name To	Casinghe	ad Cas	J Cond	densate							
ad address of previous operator 10	xaco Prod		ic.	P. O. Bo	x 730	Hobbs, Ne	w Mexico	88240-2	2528	<del></del>	
I. DESCRIPTION OF WELL Lease Name	ASE Well No.	Pool	Name, Includi	na Formation		Kind	Kind of Lease		Lease No.		
CENTRAL VACUUM UNIT		6 VACUUM GRAY				ANDRES		State, Federal or Fee STATE		857943	
Location		<u> </u>	1 474	OCCINI CITIZA	Dona on	ANDINEO	LISIA	<u> </u>			
Unit LetterC	:131	0	_ Feet	From The NC	RTH Lin	and256	<u>o</u> F	eet From The	WEST	Line	
Section 30 Township 17S Range 3					, NMPM,			LEA County			
II. DESIGNATION OF TRA	NSPORTE	ER OF C	NI. A	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Conde		<u></u>	Address (Give address to which approved copy of this form is to be sent)						
INJECTOR  Name of Authorized Transporter of Ca			~ D	hry Gas 🗍	1						
INJ	ECTOR							approved copy of this form is to be sent)			
if well produces oil or liquids, ive location of tanks.	Unit	Sec.	Twp	. Rge.	is gas actuali	y connected?	Whe	o ? 			
this production is commingled with the V. COMPLETION DATA	nat from any ot	her lease or	r pool,	give comming	ing order num	ber:					
Designate Type of Completic	on - (X)	Oil We	11	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		ipl. Ready i	to Prod	L	Total Depth		<u>i</u>	P.B.T.D.	L		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				on	Top Oil/Gas Pay			Tubing Depth			
erforations								Depth Casing Shoe			
		TUBING	, CAS	SING AND	CEMENTI	NG RECOR	<u>.D</u>				
HOLE SIZE	CA	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
								<del></del>			
								<del></del>			
						····					
. TEST DATA AND REQU							- 1.1 - A A	to donate on the d	4.21.04 Laur	1	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Te		e of loa	d oil and must		exceed top all whod (Flow, pr			or juli 24 nou	73.)	
ength of Test	Tubing Pressure				Casing Press	ıre		Chok: Size	Chok: Size		
	Tuoring Pressure							Gas- MCF			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gar- MCI			
GAS WELL		_ <del></del>									
ctual Prod. Test - MCF/D Length of Test					Bbls. Conder	sate/MMCF		Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
A ODED ATOD OFFI		COLO	DI TA	NCE	1		<del></del>		······································	<del></del>	
I. OPERATOR CERTIF:  I hereby certify that the rules and re	gulations of the	: Oil Conse	zvation	1	(	DIL COM	ISERV	ATION I			
Division have been complied with a is true and complete to the best of n			ven abo	ove	Date	Approve	d	NUL	0 3 198	<u> </u>	
2.M. Miller	J				D <sub>V</sub>		TEVEN NEWS	TY ITLAY K	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
Signature K. M. Miller Div. Opers. Engr.					By_			TEAN SON			
Printed Name May 7, 1991		915-	Title -688-	-4834	Title	·					
Date		Tel	ephone	No.	Н						

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.