Submit 5 copies to Appropriate District Office

State of New Mexico

_nergy, Minerals and Natural Resources Department

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

(

P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u>

P.O. Box Drawer DD, Artesia, NM: 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

,										
Operator TEXACO EXPLOR		Well API No.								
TEXACO EXPLORATION & PRODUCTION INC. Address B.O. DOV 700 HORDO AND 600 (5)								30-025-27236		
P.O. BOX 730, HOI	3BS, NM 88240 Change in Trans									
New Well		Other (Please explain)								
Recompletion	Dry Gas	CHANGE OF BATTERY LOCATION TO CENTRAL BATTERY								
Change in Operator Casinghead Gas Condens					te					
If change of operator give name and address of previous operator	\$5 <u> </u>									
II. DESCRIPTION OF WELL ANI	D LEASE									
Ease Name Well No. Pool Name, Including					ing Formation Kind of Lease State, Federal or Fee Lease No.					
VACUUM GLORIETA WEST UN	EST UNIT 35 VACUUM GLO				ETA S			TATE B-1056-1		
Location Unit Letter	_J : 231	C F	ee: Fr	om The 3	OUTH Line	e and 2308	Fe	et From The <u>EAST</u>	Line	
Section 25		vnsnip	17-3		Range	34-5	NMPM	<u>_</u>	EA COUNTY	
III. DESIGNATION OF TRANSPO	ORTER OF OIL A	ND NATL	JRAL (GAS						
Name of Authorized Transporter of	densate	Address (Give address to which approved copy of this form is to be sent)								
Texas NM Pipeline Name of Authorized Transporter of Casinghead Gas Dry Gas					P. C. Box 2528 Hobbs, New Mexico 88240					
Texaco E & P Inc/GPM Gas Corp					Address (Give address to which approved copy of this form is to be sent) P. O. Box 3000 Tulsa, OK 74102/4044 Penbroook Av. Odessa, TX 79762					
If 'A all Produces oil or liquids,		Sec.	Twp.	Rge.		lly connected		hen?	essa, 1 × 19102	
give location of tanks	С				YES			7/16/81		
If this production is commingled with	that from any other l	lease or po	ol, give	e commingiing	g order number	:				
IV. COMLETION DATA					T		-			
Designate Type of Completic	on - (X)	Oil We		Gas Well	New Well	Workover	Deepen	Plug Back Same	Res'v Diff Res	
Date Spudded	Date Ccrpl. I	Ready to P	rod.		Total Depth		<u> </u>	P.B.T.D		
Elevations (DF, RK2, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
Perforations								Depth Casing Shoe	- 	
HOLE SIZE	TUBING, CASING . HOLE SIZE CASING and TUBING SIZE				CEMENTING RECORD DEPTH SET			00000	SACKS CEMENT	
		:				DEI III DEI		SACKS	GAGNO GEMENT	
		•								
V. TEST DATA AND REQUEST	FOR A LOWARI				<u> </u>					
			of loa	nd oil and mu	st be equal to	or exceed to	p allowable	e for this depth or be a t	full 24 hours.)	
Date First New Oil Run To Tank	Date of Test					thod (Flow, pu				
Length of Test	Tubing Pressu	Tubing Pressure				ure		Choke Size	Choke Size	
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.			Gas - MCF		
-, ,			.						··· - · · ·	
GAS WELL	1.				т					
Actual Prod. Test - MCF/D	Length of Test	Length of Test				sate/MMCF		Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressu	Tubing Pressure (Shut-in)				ure (Shut-in)		Choke Size		
VI. OPERATOR CERTIFICATE (OF COMPLIANCE							<u>. 1</u>		
areby pertily that the rules and regulation builtision harm been complied with and that is true and a emplete to the best or, my kno	the information given a					OIL CO	ONSER	VATION DIVIS	SION	
Moto Smay								MAR 08	1994	
Signature Monte C. Duncan	∃ngr.	Asst			Date A	\pproved_		TIME SE		
Printed Namo					Ву		<u> </u>		227	
3/1/94		∵itle 397-0418			ORIGINAL SIGNED BY JERRY SEXTON				אכ	
Date		hone No.			Title _		IJ I KICI	I JUER VIJUK		
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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 in operator, well name or number, transporter, or other such changes
- 4) Sepreate Form C-104 must be filed to each pool in multiply completed wells.