## State of New Mexico

Submit 5 copies to Appropriate District Office

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

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

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

## Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I.						- 0/10					
Operator TEXACO EXPLORATION & PRODUCTION INC.							V	/ell API No.	0-025-27913		
Address P.O. BOX 730, HOBBS	, NM 88240						<del></del>				
New Well	Other (Please explain)										
l <u> </u>	Change in Transporter of:  Oil Dry Gas				CHANGE OF BATTERY LOCATION TO CENTRAL						
Change in Operator Casinghead Gas Condense					BATTERY						
					• U	· · · · · · · · · · · · · · · · · · ·					
If change of operator give name and address of previous operator	<del></del>		<del></del>		· · · · · · · · · · · · · · · · · · ·		<del>-</del>				
II. DESCRIPTION OF WELL AND LE	ASE										
Lease Name	Well No. Pool Name, Inc				ang i omaton			of Lease State, Fede	of Lease State, Federal or Fee Lease No.		
VACUUM GLORIETA WEST UNIT		47	VA	CUUM GLORI	ETA		ST	ATE		B-1056-1	
	: 99	90	Feet Fr	rom The S	: OUTH line	e and 2308	Feet	From The _E	ACT	Line	
Section 25		wnship_									
				<u>`</u>							
III. DESIGNATION OF TRANSPORT	ER OF OIL	AND NAT	URAL	GAS							
—						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. O. Box 2528 Hobbs, New Mexico 88240						
					Address (Give address to which approved copy of this form is to be sent)						
Texaco E & P Inc/GPM GAS CORP  If Well Produces oil or liquids, Unit Sec. Twp. Rge.					P. O. Box 3000 Tulsa, OK 74101/4044 Penbrook Av. Odessa, TX 79762 Is gas actually connected? When?					(79762	
give location of tanks	С	36	175	34E	YES	my commedea:		 10/24/	82		
If this production is commingled with that	from any other	lease or p	pool, giv	e commingling	order number	<del></del>		10.2 #			
IV. COMPLETION DATA	•	·	, , •	•							
Designate Type of Completion -	(X)	Oil W	ell	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D	ļ			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
		TUBING	E. CAS	SING AND	CEMENTIN	IG RECORE	)				
HOLE SIZE	CASING and TUBING SIZE				DEPTH SET			SACKS CEMENT			
								I			
`											
V. TEST DATA AND REQUEST FOR								<u> </u>			
OIL WELL (Test must be after Date First New Oil Run To Tank			ne of loa	ad oil and mu	,	<del></del>			r be a full 24	hours.)	
Date First (16W Oil Run 10 (8Ink	Date of Test				Producing Me	thod (Flow, pur	np, gas lift, et	tc.)			
Length of Test	Tubing Pressure				Casing Press	ure		Choke Size			
Actual Prod. During Test	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 Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICATE OF C I hereby certify that the rules and regulations of Division have been complied with and that the i	the Oil Conserva	ition				OIL CC	)NSER\	/ATION [	DIVISION	· · ·	
is true and complete to the best of my knowleds	ge and belief.							A .	\ 40 <b>0</b> J		
Signature Monte C. Duncan						Approved_		MAR 03 1994			
rinted Name Engr Asst					By DISTRICT I SUPERVISOR						
3/1/93 397-0418  Date Telephone No.					Title_	15 a. aug			Same and the same	<u>.                                    </u>	
Date		·									

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 for each pool in multiply completed wells.