Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 **Revised 1-1-89**

TELEPHONE NO.393-7191

JAN | 1 1993

DISTRICT I

OIL CONSERVATION DIVISION

WELL API NO.

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SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO CRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOR. USE APPLICATION FOR PERMIT (FORM C-101) FOR BUCH PROPOSALS) 1. Type of Well: ONL OF ONLY TO SUCH PROPOSALS TO CRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOR. USE APPLICATION FOR PERMIT (FORM C-101) FOR BUCH PROPOSALS. 2. News of Operator Texasoc Exploration and Production Inc. 3. Address of Operator P. O. Box 730 Hobbs, NM 88240 4. Well Location Use Letter M. : 180 Feet From The SOUTH Line and 10 Feet From The WEST Line Socione 36 Township 17-S Reaps 34-E NMFM LEA County Section 36 Township 17-S Reaps 34-E NMFM LEA County Section 36 Township 18. Elevation (Show whatear by, RES, RT, GR, etc.) 4004' GR 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS CASHING TEXT AND CEMENT JOB CHANGE OF HANGE PLANS CASHING TEXT AND CEMENT JOB CHANGE OF HANGE PLANS CASHING TEXT AND CEMENT JOB CHANGE OF HANGE PLANS CASHING TEXT AND CEMENT JOB CHANGE OF HANGE PLANS CASHING TEXT AND CEMENT JOB CHANGE OF HANGE PLANS CASHING TEXT AND CEMENT JOB CHANGE OF HANGE AS THE PROPOSAL AS THE PROP	DISTRICT II Santa Fe. New			Mexico 87504-2088			(1	FEE 🗆
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	SIGNATURE Mother	Some			ENGINEER'S A	ASSISTANT	DATE1-6	S-9 3

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CADITIONS OF AFFROVAL, IF ANY:

TYPE OR PRINT NAME

APPROVED BY __

MONTE C. DUNCAN

DISTRICT I SUPERVISOR

(This space for State Use) RIGINAL SIGNED BY JERRY SEXTON

FECEIVED

JAN 0 8 1993

OCD HOBBS OFFICE

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Ecobs, NM 88240

State of New Mexico Env Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM \$8210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. 30 025 27971 Texaco Exploration and Production Inc. Address P. O. Box 730 Hobbs, New Mexico 88240-2528 Other (Please explain) Reason(s) for Filing (Check proper box) EFFECTIVE 6-1-91 Change in Transporter of: П New Well Dry Gas Oil Recompletion X Change in Operator If change of operator give name and address of previous operator

Texaco Producing Inc. P. O. Box 730 Hobbs, New Mexico 88240-2528 II. DESCRIPTION OF WELL AND LEASE Kind of Lease State, Federal or Fee STATE Lease No. Well No. | Pool Name, Including Formation 857943 VACUUM GRAYBURG SAN ANDRES 161 **CENTRAL VACUUM UNIT** Location 10 · Feet From The WEST Feet From The SOUTH Line and ___ 180 Line Range 34E LEA 175 County 36 NMPM. Township Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil INJECTOR or Condensate Address (Give address to which approved copy of this form is to be sent) or Dry Gas Name of Authorized Transporter of Casinghead Gas INJECTOR When? Rge. is gas actually connected? Unit If well produces oil or liquids, Sec Twp. ive location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA New Well Workover Deepea Plug Back Same Res'v Diff Res'v Gas Well Oil Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay **Tubing Depth** Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT **DEPTH SET** CASING & TUBING SIZE HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Gas- MCF Water - Bbls. Oil - Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbis. Condensate/MMCF Actual Prod. Test - MCF/D Length of Test Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation HIN LO WAS Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved _

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

K. M. Miller

May 7, 1991

Printed Na

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

By ORIGINAL SECRED BY JESSY SEXTON DISTRICT I SUPERVISOR

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Div. Opers. Engr.

Title

915-688-4834

Telephone No.

- 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.