Submit 5 Copies Appropriate District Office <u>DISTRICT I</u> P.O. Box 1980, Hobbe, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM \$8210 State of New Mexico

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

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 I.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator								Well API No.			
Texaco Exploration and Production Inc.							30	30 025 30022 D K			
Address											
P. 0. Box 730 Hobbs, Ne	ew Mexico	0 8824	0-252	8	- N						
Reason(s) for Filing (Check proper box) New Well Change in Transporter of:						X Other (Please explain) EFFECTIVE 6-1-91					
Recompletion	Oil	Change 11	Dry Ga		C1	PECTIVE 0	-1-91				
Change in Operator		id Gas 🕅									
If change of operator give name	aco Prod			<u></u> Р. О. Во	v 730	Hobba No	w Movioo	00040 1			
		X	<u>. </u>	<u> 0. bu</u>	<u>x 730</u>	Hobbs, Ne	w mexico	00240-2	2528		
II. DESCRIPTION OF WELL	WELL AND LEASE Well No. Pool Name, Includ				Kir			of Lease			
Lease Name Well 1 CENTRAL VACUUM UNIT 266					-		State,	State, Federal or Fee		Lease No. 857943	
		266 VACUUM GRAY			TBUNG SAL	ANDRES		ISTATE		·	
Unit LetterH	. 197	1	_ Feet Fre	m The <u>NC</u>	RTH Lin	e and131(0 Fe	et From The	EAST	Line	
Section 36 Townsh	nip 17S Range 34E			34E	, NMPM,			LEA		County	
								<u> </u>		<u> </u>	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATUR Name of Authorized Transporter of Oil or Condensate						RAL GAS Address (Give address to which approved copy of this form is to be sent)					
Mobil Pipeline Company	X				Texas New Mexico Pipeline Co.						
Name of Authorized Transporter of Casin		X	or Dry	Gas	Address (Give address to which approved copy of this form is to be sent), JGPM Gas Companying 66 NEEDFAIGAS: CEDIUARY 1, 1992						
Texaco Exploration											
If well produces oil or liquids, give location of tanks.			iec. Twp. Rge 31 175 35E		is gas actually connected? YES		When	When ?			
If this production is commingled with that	from any oth	er lease or	pool, giv	e comming	ing order num	ber:					
IV. COMPLETION DATA		Oil Well		as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)										
Date Spudded	Date Com	pi. Ready to	Prod.		Total Depth	L	A	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
					L						
Perforations								Depth Casin	g Shoe		
		TIRNC	CASIN		CEMENT	NG PECOP	<u>n</u>	I			
TUBING, CASING AN HOLE SIZE CASING & TUBING SIZE						DEPTH SET	D	5	ACKS CEM	INT	
V. TEST DATA AND REQUE											
OIL WELL (Test must be after t			of load o	il and must					or full 24 hour	<u>(s.)</u>	
Date First New Oil Run To Tank	Date of Te	R.			Producing Me	ethod (Flow, pu	mp, gas lýt, e	tc.)			
Length of Test	Tubing Pre	Tubing Pressure				Casing Pressure			Choke Size		
•											
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL					L		<u> </u>	L	•		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC			TAN	CE	lr		<u> </u>	<u>I</u>			
					C	DIL CON	ISERV	ATION [DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above											
is true and complete to the best of my	knowledge är	d belief.			Date	Approve	d				
Z.M. Miller	,					• •					
Signature					By_	Q.19.1			1		
K. M. Miller		Div. Op	ers. Er	ngr.					· .•		
Printed Name		015 5	Title	994	Title						
May 7, 1991			588-48 phone No								
		1 000	hinne 140	-	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.