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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

I.

State of New Mexico En. J, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Azzec, NM 87410 RE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Texaco Exploration and Production Inc.								Well API No. 30 025 30104			
P. O. Box 730 Hobbs, Ne	w Mexico	8824	0-25	28							
Reason(s) for Filing (Check proper box)	X Other (Please explain)										
New Well	EFFECTIVE 6-1-91										
Recompletion	Oil		Dry C								
amage in a promise	Casinghea	d Gas X	Cond	ensate							
	ico Prodi		с	P. O. Bo	x 730	Hobbs, Ne	w Mexico	88240-	2528	 	
II. DESCRIPTION OF WELL	AND LE				 		· · · · · · · · · · · · · · · · · · ·				
Lease Name		Well No.	1		ing Formation			Kind of Lease State, Federal or Fee		Lease No.	
CENTRAL VACUUM UNIT	242	VAC		YBURG SAN	ANDRES		STATE		857943		
Location Unit LetterA	90		_ Feet I	From The S	WITH LIB	706	j F	set From The	EAST	Line	
Section 36 Townshi	p 1	75	Range	, 34E	,N	мрм,		LEA		County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL A	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil	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 Texaco Exploration	X luction l		y Gas	Address (Giv	e address to wh as Corporal	iich approved IIOS 66 N	copy of this form is to be sent)				
If well produces oil or liquids,	Sec.	Twp	Rge.	is gas actually connected? When			17				
give location of tanks.	I_E	31	178		}	YES		03	/21/88		
If this production is commingled with that	from any oth	er lease or	pool, g	ive comming	ling order num	ber:					
IV. COMPLETION DATA					1		·····	γ	,		
Designate Type of Completion	- 00	Oil Well	1	Gas Well	New Well	Work:over	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pi. Ready to	o Prod.		Total Depth	L	<u></u>	P.B.T.D.	L		
Elevations (DF, RKB, RT, GR, etc.)	roducing Fo	oducing Formation			Top Oil/Gas Pay			Tubing Depth			
				<u> </u>	<u></u>			D. d. C. L. C.			
Perforations								Depth Casir	g Shoe		
								<u>l</u>			
				CEMENTI	NG RECOR	<u>D</u>	γ				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			<u> </u>	SACKS CEMENT		
	 										
	 										
	 				<u> </u>						
U TECT DATA AND DECLIE	T FOD A	HOW	ADIE	,	L		···	1			
V. TEST DATA AND REQUES OIL WELL (Test must be after n					he squal to or	exceed top ollo	wahla for thi	a dandh an ba	for full 24 hour	1	
OIL WELL (Test must be after r. Date First New Oil Run To Tank	Date of Te		oj ioaa	ou ana must					or jul 24 nou	73.)	
Date First New Oil Run 10 Tank	Producing Method (Flow, pump, gas lift, etc.)										
Length of Test	SELITE			Casing Pressure			Choke Size				
10012		5 · result									
Actual Prod. During Test	6.			Water - Bbla.			Gas- MCF				
CACTURE	1				L	· · · · · · · · · · · · · · · · · · ·		1			
GAS WELL	The second time	Ford			This Condo	esta A.D.J.C.E		Consider of	`nadanası:		
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	saure (Shut	i-in)		Casing Press	Casing Pressure (Shut-in)			Choke Size			
sames manage (burn, mack by)		2.0 (2.12. 2.)									
VI. OPERATOR CERTIFIC	ATE OF	COL	OT TAI	NCE	<u> </u>	- ·					
				NCE	(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 h			,	-	Data	Approve	4	1 /			
/					Dale	whhiose	-		,		
J.M. Miller)					Chara	*g 1				
Signature		5			By_	MMAL S	. 4 FB61:				
K. M. Miller		Div. Op		Engr.	[]						
Printed Name May 7, 1991		915-6	Title 688–4	4834	Title	····					
Date			phone !		[]						
_ 											

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.