Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

OIL CONSERVATION DIVISION O. Drawer DD, Anesia, NM 88210 P.O. Box 2088 Santa Fe, New Mexico 87504-2088									
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM \$7410		OR ALLOWA			IZATION			•	
l.		ANSPORT OF			AS			•	
Operator Tex/Con Oil & Gas Company						Well API No. 30-025-30147			
Address 9401 Southwest Free	⊇Wâ <i>y</i>	Houston,	Texas 7	77074					
Restro(s) for Filing (Check proper bax) New Well	-	_	Ou	es (Please expl	lain)				
Recompletion	Change is	Transporter of:							
Change in Operator XXXX	Casinghead Gas	Condensate							
If change of operator give name and address of previous operator	ohio Petroleu	m Company (BP Explo	ration)	P.O. Bo	x 4587.			
II. DESCRIPTION OF WELL		Houston		77210		<u> </u>			
Lease Name State "2"	Well No. Pool Name, factuding Formation			Kind of Lease State Lease No. Scale, Felic 2' or Fee V. 654					
Location	1	rawn Sure,			Fe & 2' or Fe	V-65	54		
Unit LetterA	: 530	Feat From The N	orth Li	e and 660	Fe	et From The	East	Lise	
Section 2 Townsh	i p 1758	Range 37E	, N	мрм,	Lea	···		County	
III. DESIGNATION OF TRAN	SPORTER OF O	IL AND NATU	RAL GAS						
Name of Authorized Transporter of Out	>> or Cypodes	elene	Address (Giv	e acide ess so wi	hich approved	copy of this f	form is to be set	v)	
Jefus new me Name of Authorized Transponer of Casin	Address (Give address to which approved copy of this form is to be sent)					<u>}</u>			
Phillips 66 Natural Gas Company							s79762		
If well produces oil or liquids, give location of tanks.	Unit Sec.	Is gas actually connected? When			7				
If this production is commingled with that IV. COMPLETION DATA		17S 37E pool, give commical	ing order numb	er.		3-4-88			
Designate Type of Completion	Oil Well	Gas Well	New Well	Workovet	Despeq	Plug Back	Same Ras v	Did Resiv	
Due Spudded	Date Compi. Ready to	Prod.	Total Depth		L	P.B.T D.	L	<u></u>	
Elevaupas (DF, RKB, RT, GR, etc.)	Name of Producing Formation		रिक् ठी देश	Top Oil Cas Pay			Tubing Depth		
?स्राज्याला				Depth Casing Shoe					
						rebut Crein	f 730s		
HOLE SIZE		CEMENTING RECORD							
FIOLE SIZE	CASING & TU	DEPTH SET			SACKS CEMENT				
								~ ~~	
	 								
V. TEST DATA AND REQUES			<u> </u>						
OIL WELL (Test must be after n Date First New Oil Russ To Tank	be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)								
	Date of Test	t tousing the	ucu (rion, pu	mp, gas ige, si	c.,				
Length of Test	Tubing Pressure		Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.	Water - Bbla.			Gas- MCF				
GAS WELL	<u> </u>								
Actual Frod Test - MCF/D	Leagth of Test		Bbis. Condensate/MINCF			Gravity of Coodenate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-	Casing Pressure (Shus-in)			Choke Size				
VI. OPERATOR CERTIFIC	ATE OF COMP	LIANCE	\						
I hereby certify that the rules and regula	Night of the Oil Conserv	ation	C	IL CON	SERVA	TION	DIVISIO	N	
Division have been complied with and the true and complete to the best of my k	ADD 9 4 4888								
11) 7-	Date	Date Approved AFR & 4 1990							
Signatura Sont and	By DISTRICT I SUPERVISOR								
Sylvan Fontenot -	- Administrat	Title		-		-w. ru 113	~n		
March 7, 1990	(713)272-5	082 Thone No.	Title_						
	, iciep	HORE I'C.	l)						

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.