Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico y, Minerals and Natural Resources Departmen.

Form C-104 Revised 1-1-89 See Instruction

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I. Operator		TOTRA	NSPORT	OIL AND N	IATURAL (GAS				
, -	ducing Inc					- 1	II API No.		· · · · · · · · · · · · · · · · · · ·	
Address	Texaco Producing Inc.					30)-025-30361			
PO Box 728, H	lobbs. NI	M 882	40							
Reason(s) for Filing (Check proper	bax)	- 002			Other (Please ex	plain)				
New Well KX		Change in	Transporter of:		(,,				
Recompletion	Oil		Dry Gas							
Change in Operator If change of operator give name	Casinghe	ad Gas	Condensate							
and address of previous operator		······································								
IL DESCRIPTION OF WE	ELL AND LE	ASE								
Lease Name	cluding Formation Kin			nd of Lease No.						
Federal (USA)	"L"						M.V. P. J. SPRZ		M-56749	
Location	_									
Unit Letter	:2	310_	Feet From The	South L	ine and $\underline{1}$	6501	Feet From The	East	Lin	
Section 14 Tox	waship 19s	;	Range	33E 1	NMPM.	Lea				
									County	
III. DESIGNATION OF THE	RANSPORTE	R OF OII	L AND NAT							
Name of Authorized Transporter of (1	or Condens	1 1	Address (G	ive address so w	hich approve	d copy of this form	is to be s	ent)	
Texaco Tradine Name of Authorized Transporter of C	g & Tran	sporta	ation I	nd. PO	30x 619	6. Mid	land, TX	797	11	
		٠ لـــا	n Diy Gas	_ Address (U	ive accuress to w	NICH approve	d copy of this form	is to be s	ent)	
If well produces oil or liquids,	Unit		wp R	ge. Is gas actua	lly connected?	When	n ?			
ive location of tanks.	J	14 []	.9S 331	E No		1	- •			
this production is commingled with V. COMPLETION DATA	that from any other	er lease or po	ol, give commi	ngling order sun	ober:					
V. COMBLETION DATA		Oil Well	7 6 31 11			· · · · · · · · · · · · · · · · · · ·				
Designate Type of Completi	ion - (X)	X X	Gas Well	New Well	Workover	Doepen	Plug Back San	ne Resiv	Diff Res'v	
Date Spudded	Date Compi	. Ready to P	rod	Total Depth	<u> </u>	<u> </u>	P.B.T.D.		<u> </u>	
4/19/89		7/89		3913'			3815 '			
levations (DF, RKB, RT, GR, etc.) 36891 GR	1	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
erforations	9' GR Seven Rivers			3722'			3770'			
3722'-3750' @	l SPF (2	29 hol	es)				Depth Casing Sh	oe .		
				CEMENTI	NG RECORI	D	3913'			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
12 1/4"	8 5/8"		1505'			1000				
1 1/0	5	5 1/2"			3913'			800		
TEST DATA AND REQU	EST FOR AL	LOWAB	LE	J			<u> </u>			
L WELL (Test must be afte				t be equal to or	exceed top allow	vable for this	depth or be for ful	l 24 hours	- 1	
the Pirk New Oil Run 10 1808	Date of Test			Producing Me	thod (Flow, pun	φ, gas lift, et	c.)		·/	
5/7/89 ngth of Test	5/8/89			Pump						
24 hours	Tubing Pressure			Casing Pressure			Choke Size			
tual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF			
326 BF	212			114			235			
A C THEFT I				*		 . 1			·	
as well		ι		Bbls. Condens	ue/MMCF		Gravity of Conden	sale.		
	Length of Tes									
nual Prod. Test - MCF/D										
nual Prod. Test - MCF/D	Tubing Pressu	re (Shut-in)		Casing Pressur	(Shut-in)		Choke Size			
ing Method (pilot, back pr.)	Tubing Pressu			Casing Pressur	e (Shut-in)		Choke Size			
nual Prod. Test - MCF/D ing Method (pilot, back pr.) OPERATOR CERTIFI(Tubing Pressu	OMPLIA	NCE					ISION		
ing Method (pitot, back pr.) OPERATOR CERTIFIC hereby certify that the rules and regulation have been complied with and	Tubing Pressu CATE OF C classions of the Cil	OMPLIA Conservation	1			SERVA	TION DIV		1	
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AS WELL Thus Prod. Test - MCF/D Ling Method (pilot, back pr.) OPERATOR CERTIFIC hereby certify that the rules and regulation have been complied with and a true and complete to the best of my J. A. Head Howard Tinted Name 5/11/89	Tubing Pressur CATE OF C plations of the Cil that the informat knowledge and b	OMPLIA Conservation ion given abi elief.	rintend	O Date /	IL CONS	SERVA	TION DIV	1989	-	

- 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.