Submit 5 copies to Appropriate District Office

State of New Mexico

cnergy, Minerals and Natural Resources Department

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

P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

1000 Rio Brazos Rd., Aztec, NM 87		. TO TI	RANSPO	RT OIL AI	ND NATURAL	GAS							
Operator TEXACO EXPLORAT	erator TEXACO EXPLORATION & PRODUCTION INC.						Well API No. 30-025-30476						
Address P.O. BOX 730, HOBB	S, NM 8824	o O											
New Well	Change in Transporter of:					Other (Please explain)							
Recompletion	Oil			CHANGE OF BATTERY LOC					TION TO CENT	RAL			
Change in Operator	ange in Operator Casinghead Gas Condens					BATTERY							
If change of operator give name and address of previous operator						-	1.4.4						
I. DESCRIPTION OF WELL AND L	EASE												
.ease Name Well No. Pool Name, Inc					iding Formation Kind				of Lease State, Federal or Fee Lease No.				
				ACUUM GLORIETA				ST	STATE B-155				
Location Unit Letter <u>N</u>		90 90	Feet From	m The 🚅	SOUTH Line	and 2310		Feet	From The <u>V</u>	VESTt	ine		
Section 36		Fownship_	178		Range3	4E	NMP	M		LEA CO	YTNUC		
II. DESIGNATION OF TRANSPOR	TER OF OIL	. AND NA	TURAL G	AS									
Name of Authorized Transporter of	Address (Give	address to v	which appr	nved r	copy of this for	n is to be sent)							
Texas NM Pipeline	On Ontuerisate					Address (Give address to which approved copy of this form is to be sent) PO Box 2528, Hobbs, NM 88240							
Name of Authorized Transporter of	Address (Give address to which approved copy of this form is to be sent)												
Texaco E&P Inc./GPM Gas Corp.						PO Box 3000, Tulsa, OK 74102/4044 P				., Odessa, TX	79762		
If Well Produces oil or liquids,	Unit	Sec.	Twp.	Rge.	is gas actual	y connecte	d?	When					
give location of tanks	C 36 175 34E				YES				5/1/89				
If this production is commingled with the	at from any otr	ier lease or	pool, give	comminglir	ig order number:			·					
IV. COMPLETION DATA							,						
Designate Type of Completion	- (X)	Oil V	Vell '	Gas Well	New Well	Workover	Deep	en	Plug Back	Same Res'v	Diff Res'		
Date Spudded	Date Com	Date Compl. Ready to Prod.							P.B.T.D	<u> </u>	İ		
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth Depth Casing Shoe				
Perforations													
· · · · · · · · · · · · · · · · · · ·		TURIN	G CASII	NG AND	CEMENTIN	G BECOE	20		l				
HOLE SIZE	HOLE SIZE CASING AIN CASING AIN CASING AIN					CEMENTING RECORD DEPTH SET				SACKS CEMENT			
	-	3 is the second of the second								SACKS CLIMENT			
		 							1				
V. TEST DATA AND REQUEST FO											¹a		
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Te		ne or load	oil and m	Producing Met					or be a full 24 h	ours.)		
ength of Test	Tubing Pre	Tubing Pressure				Casing Pressure				Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			_	Gas - MCF				
GAS WELL			<u> </u>		<u> </u>								
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF				Gravity of Condensate				
Festing Method (pitot, back pr.)	Tubing Pre	ssure (Shut	-in)	F2. 27. 0000-001-0	Casing Pressure (Shut-in)				Choke Size				
VI. OPERATOR CERTIFICATE OF						····				·———			
I hereby certify that the rules and regulations Division have been complied with and that th is true and complete to the best of my knowle	e information giv	ervation ven above				OIL C	ONSE	ERV	ATION [DIVISION			
Signature Signature	<u> </u>				Date A				MΛ	R 07 199	14		

INSTRUCTIONS: This form is to be filed in comp'iance with rule 1104

Printed Name

3/3/94

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_

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

Title

397-0431

Telephone No.

- 3) Fill out only sections I, II, III, and VI for changes in operator, well name or number, transporter, or other such changes
- 4) Sepreate Form C-104 must be filed for each pool in multiply completed wells.

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR