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

State of New Mexico Energy, Minerals and Natural Resources Department

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

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., Aztec, NM 87410

REQUEST FOR ALLOWARI F AND AL

<u>I.</u>	TOT	RANSE	PORTO	ADLE AND M	AUTHOH Athraic	IIZA I ION				
Operator	TO TRANSPORT OIL AND NATUR					Well API No.				
Cexaco Exploration and Production Inc.						30-025-30685				
P.O. Box 730 Hobbs, A	New Mexico 88	3240								
New Well	M Other (1 lease explain)									
Recompletion	Change in Transporter of: Oil Dry Gas Correcting Gas Transporter									
Change in Operator	Casinghead Gas	Conde					POLCCI			
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELI	AND TRACE									
Lease Name	ease Name Well No. Pool Name, Inch.					1771 1				
Federal USA L	1 1						nd of Lease Lease No. tel Federallor Fee			
Location						 !		INM-5	6749	
Unit Letter G	:1980_	Feet F	rom The _	North Li	ne and16	75F	eet From The	East	Line	
Section 14 Towns	hip 198	Range	33E	۸.	IMPM,		· <u>-</u>			
III. DESIGNATION OF TO A	NCDODTED OR	OT 431					Lea		County	
III. DESIGNATION OF TRAIN Name of Authorized Transporter of Oil	OF ('OM/	damenta	D NATU	JRAL GAS						
Texaco Trading and Tr		Address (Give address to which approved copy of this form is to be sent) P.O. Box 60628 Midland, Texas 79711-0628								
Name of Authorized Transporter of Casis Phillips 66 Natural C	nghead Gas	FECHY	Est Ebr	Address (Gi	ye address to wi	hich approved	copy of this form, Texas 79	is to be seni	0028	
Phillips 66 Natural G. If well produces oil or liquids,	Unit Sec.	PM Gas Twp.	Corpor	ation 4001	Penbrook	Odessa	, Texas 79	711	,	
ive location of tanks.	j j 14	14 119S 33E		Is gas actually connected?			When ? 11-26-89			
f this production is commingled with that V. COMPLETION DATA	from any other lease of	or pool, giv	e comming	ling order num	ber:		11-20-			
Designate Type of Completion	Oil We	ell C	as Well	New Well	Workover	Deepen	Plug Back Sam	ie Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready	to Prod.		Total Depth	<u></u>	L	<u> </u>			
Elevations (DF, RKB, RT, GR, etc.)	No.						P.B.T.D.			
efforations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
							Depth Casing Shoe			
TUBING, CASING ANI				CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
		·								
TEST DATA AND DECLIES	TO FOR LIVE OF						<u> </u>			
TEST DATA AND REQUES IL WELL Test must be after re	FOR ALLOW	ABLE	, .							
IL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) ate First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)										
ength of Test			s round (riow, pump, gas tyt, etc.)							
	Tubing Pressure			Casing Pressure			Choke Size			
ctual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
AS WELL			<u></u>	·	· · · · · · · · · · · · · · · · · · ·		·			
ctual Prod. Test - MCF/D	Length of Test			Bbls. Condens	te/MMCF		C	·		
ting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Total Control of the			Gravity of Condensate			
saug Meuros (puos, back pr.)				Casing Pressure (Shut-in)			Choke Size			
L OPERATOR CERTIFICA	ATE OF COMP	LIANC	Œ							
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 and belief.				OIL CONSERVATION DIVISION						
M / M ALLOWING AUG DELIEF.				Date Approved						
Signature M.C. Duncan Engineer's Assistant				By SECTION						
Printed Name				By DISTRICT I SUPERVISOR						
3-6-91					Title					
Date		phone No.								

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
- 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.

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