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

State of New Mexico
En 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., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

4,		10 In	ANSE	ONI OII	C VIAD IAV	I UTIAL OF					
Operator								Well API No.			
Texaco Exploration and Production Inc.								30 025 30715			
Address P. O. Box 730 Hobbs, Ne	u Maviaa	0004	0 05	20							
P. O. Box 730 Hobbs, Ne Reason(s) for Filing (Check proper box)	w Mexico	0024	0-25/	28	X Out	er (Pinase explo	zin)			 	
New Well	EFFECTIVE 6-1-91										
Recompletion	Oil		Dry G								
Change in Operator X	Casinghea	d Gas 🛚	Conde	naate							
If change of operator give name and address of previous operator	co Produ	cing In	c.	P. O. Bo	× 730	Hobbs, Ne	w Mexic	88240-	2528		
II. DESCRIPTION OF WELL											
				Pool Name, Including Formation VACUUM GLORIETA				Kind of Lease State, Federal or Fee STATE		Lease No. 180	
Location Unit LetterD	. 660		Foot F	rom The N	ORTH Tie	e and989	۱۰ ،	eet From The	WEST	Line	
Section 36 Township 17S			Range 34E , NMPM,					LEA County			
Source Towns	·P					VITIVI,				Courty	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Conde				e address to wh	ich approve	d copy of this	form is to be s	ent)	
Texas New Mexico Pipeline				<u>. </u>	Address (Give address to which approved copy of this form is to be sent) 1670 Broadway Denver, Colorado 80202						
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Texaco Exploration and Production Inc.								ce, New Mexico 88231			
If well produces oil or liquids, give location of tanks.	Unit C					s actually connected? When YES			01/11/90		
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or	pool, g	ive comming	ling order num	ber:					
Designate Type of Completion	- (Y)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	i. Ready to	o Prod.		Total Depth	l	<u></u>	P.B.T.D.	1		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations					<u> </u>			Depth Casing Shoe			
• • • • • • • • • • • • • • • • • • • •											
	T	UBING,	CASI	NG AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CAS	SING & TUBING SIZE			DEPTH SET				SACKS CEM	ENT	
					ļ			 			
								 		<u></u> ,	
	 	·						1			
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABLE	,	<u> </u>						
OIL WELL (Test must be after t			of load	oil and must					for full 24 hos	vs.)	
Date First New Oil Run To Tank	Date of Tes	t			Producing M	ethod (Flow, pu	mp, gas iyt,	elc.)			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL	1	<u></u>			<u></u>						
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIA	NCE		211 0011		ATION	רון יוכיי		
I hereby certify that the rules and regul					11	DIL CON	SERV	AHON	DIVISIO	אכ	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved						
Z.M. Miller											
Signature K. M. Miller Div. Opers. Engr.					By						
Printed Name May 7, 1991		915-6			Title	· · · · · · · · · · · · · · · · · · ·				*	
Date		Tele	phone i	Vo.	H						

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.