Energy, Minerals and Natural Resources Department

State of New Mexico

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

to ippropriate District Office DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. **TEXACO EXPLORATION & PRODUCTION INC.** 30-025-30716 Address P.O. BOX 730, HOBBS, NM 88240 New Well Change in Transporter of: Other (Please explain) CHANGE OF BATTERY LOCATION TO CENTRAL Recompletion П \Box Dry Gas П BATTERY Change in Operator Casinghead Gas \boxtimes П Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Gind of Lease State, Federal or Fee | Lease No. Well No. Lease Name Pool Name, Including Formation VACUUM GLORIETA WEST UNIT 60 VACUUM GLORIETA STATE B-1565 Location Unit Letter В 990 Feet From The NORTH Line and 2308 Feet From The EAST Line Section 36 Township 17S __ Range __34E NMPM III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil \boxtimes Address (Give address to which approved copy of this form is to be sent) Condensate TEXAS NM PIPELINE P.O. BOX 2528 HOBBS, NEW MEXICO 88240 Name of Authorized Transporter of Casinghead Gas Dry Gas Address (Give address to which approved copy of this form is to be sent) TEXACO E & P INC/GPM GAS CORP P.O. Box 3000 Tulsa, OK 74102/4044 Penbrook Av. Odessa, TX 79762 If Well Produces oil or liquids, Unit Twp. Rge. Sec. is gas actually connected? When? give location of tanks С 36 178 34E YES If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well New Well Workover Oil Well Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay **Tubing Depth** Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD **HOLE SIZE CASING and TUBING SIZE DEPTH SET** SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWARLE OIL 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 a full 24 hours.) Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil - Rhie Water - Bbls Gas - MCF **GAS WELL** Actual Prod. Test - MCF/D Length of i est Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given about true and complete to the best of my knowledge and belief. OIL CONSERVATION DIVISION Flort MAR 03 1994 Signature Date Approved_ Monte C. Duncan Engr Asst By_ Printed Name Title **ORIGINAL SIGNED BY JERRY SEXTON** 3/1/94 397-0418 DISTRICT I SUPERVISOR Date

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 in operator, well name or number, transporter, or other such changes

Telephone No.

4) Sepreate Form C-104 must be filed for each pool in multiply completed wells.