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

State of New Mexico ergy, Minerals and Natural Resources Departme...

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	1	S	anta Fo	e, New M	Mexico 87.	504-2088					
I.	REQ					AUTHOR		!			
Operator		IO IR	ANSP	OHI O	L AND N	ATURAL G		I API No.			
Texaco Producing Inc.							1		1-025-30716		
Address		30-023-30716									
P.O. Box 730, Hobbs	, NM 8	8240									
Reason(s) for Filing (Check proper box) New Well		~	- T		□ o	ther (Please exp	lain)				
Recompletion	Oil	Change in	Dry G	_	(Gas Trans	porter	Name Char	ige		
Change in Operator		ad Gas X							Ü		
If change of operator give name and address of previous operator					-1-						
II. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name			1		ding Formation Kin			d of Lease No.			
State BA		12	Va	acuum (Glorieta	<u> </u>	State	, Federal or Fee	B156	5	
Unit Letter B		2308			Foot	0	0.0			_	
Unit Letter	_ :	2308	Feet Fr	om The _	East L	ne and9	90 F	eet From The	Nort	h Line	
Section 36 Townsh	ip 17	<u>S</u>	Range	34	4E , N	ІМРМ,		Lea		County	
III DESIGNATION OF TRAN	ICDAD TO	TD OF O							 ,		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil											
Texas New Mexico Pi					P.O. Box 2528, Hobbs,						
Name of Authorized Transporter of Casin	Gas 🗀	Address (Give address to which approved copy of this form is to be sent)					ent)				
Texaco Inc.					P.O. B	ox 730,		NM 88240		,	
If well produces oil or liquids, give location of tanks.	Undit C	Sec. 36	Twp.		ls gas actual	-	When				
If this production is commingled with that			17S	34E	ing order man	Yes		$\frac{01/1}{1/7}$	5/90		
IV. COMPLETION DATA		- Read Of	pcca, grv	е сопиния	ing order min		PC	-147	_		
Designate Type of Completion	~~	Oil Well	0	as Well	New Well	Workover	Deepen	Plug Back Sa	ıme Res'v	Diff Res'v	
Date Spudded		1				<u> </u>	Ĺ <u></u> .				
Jan Spanish	Date Compl. Ready to Pro				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
						-		Tubing Deput			
Perforations				Depth Casing Shoe							
		TIPING	CACD	CAND	CTC) (E) PTT	NO DECOR			·		
HOLE SIZE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
				4-6	DEFIN SET			SACKS CEMERT			
V. TEST DATA AND REQUES	T FOR A	LLOWA	RIF	1							
				l and must i	be equal to or	exceed too allow	vable for this	denth or he for t	full 24 hours	·• 1	
OIL WELL Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)					
Level of Total					<u> </u>						
Length of Test	Tubing Pressure				Casing Pressu	re		Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF				
								on mer			
GAS WELL		 						<u></u>			
Actual Prod. Test - MCF/D	Length of Te	est			Bbis. Condens	ate/MMCF		Gravity of Cond	ensale		
								,			
esting Method (puot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
/I OPERATOR CERTIFICA	TT OF	CO) (D)					<u></u>				
VL OPERATOR CERTIFICATION I hereby certify that the rules and require				E	С	IL CONS	SERVA	יום אסוד.	VISIO	N	
I hereby certify that the rules and regulations of the Cil 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						
					Date Approved1 1990						
0011-					Dale	, ippioved					
Signature Ja Hear					By ASSISTANCE AND SECURITION						
J. A. Head Area Manager					nices: 1991.37608						
Printed Name March 26, 1990		T	itle		Title_					_	
Date		(505) Teleph	393- one No.	-/191			-				
		1		!!							

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.