

Submit 5 copies  
to Appropriate  
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

State of New Mexico

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-104

Revised 1-1-89

See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

|  |   |   |
|--|---|---|
| Operator<br>TEXACO EXPLORATION & PRODUCTION INC. |   | Well API No.<br>30-025-30779  |
| Address<br>P.O. BOX 730, HOBBS, NM 88240         |   |   |
| New Well<br><input type="checkbox"/>             | Change in Transporter of:<br><input type="checkbox"/> | <input checked="" type="checkbox"/> Other (Please explain)<br>CHANGE OF BATTERY LOCATION TO CENTRAL BATTERY |
| Recompletion<br><input type="checkbox"/>         | Oil<br><input type="checkbox"/>                       | Dry Gas<br><input type="checkbox"/>   |
| Change in Operator<br><input type="checkbox"/>   | Casinghead Gas<br><input checked="" type="checkbox"/> | Condensate<br><input type="checkbox"/>  |

If change of operator give name and address  
of previous operator

II. DESCRIPTION OF WELL AND LEASE

|   |                 |   |  |                     |
|---|-----------------|---|--|---------------------|
| Lease Name<br>VACUUM GLORIETA WEST UNIT   | Well No.<br>72Y | Pool Name, Including Formation<br>VACUUM GLORIETA | Kind of Lease State, Federal or Fee<br>STATE | Lease No.<br>548570 |
| Location<br>Unit Letter <u>E</u> : <u>2008</u> Feet From The <u>NORTH</u> Line and <u>990</u> Feet From The <u>WEST</u> Line<br>Section <u>36</u> Township <u>17S</u> Range <u>34E</u> NMPM <u>LEA</u> COUNTY |                 |   |  |                     |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |   |  |             |             |
|--|---|--|-------------|-------------|
| Name of Authorized Transporter of<br>Texas NM Pipeline             | Oil <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent)<br>PO Box 2528, Hobbs, NM 88240                                     |             |             |
| Name of Authorized Transporter of<br>Texaco E&P Inc./GPM GAS Corp. | Casinghead Gas <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent)<br>PO Box 3000, Tulsa, OK 74102/4044 Penbrook Av., Odessa, TX 79762 |             |             |
| If Well Produces oil or liquids,<br>give location of tanks         | Unit<br>C   | Sec.<br>36   | Twp.<br>17S | Rge.<br>34E |
| Is gas actually connected?   |   | When?  |             |             |
| YES  |   | 2/7/90   |             |             |

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

|                                    |                             |          |                 |          |        |                   |            |            |
|------------------------------------|-----------------------------|----------|-----------------|----------|--------|-------------------|------------|------------|
| Designate Type of Completion - (X) | Oil Well                    | Gas Well | New Well        | Workover | Deepen | Plug Back         | Same Res'v | Diff Res'v |
| 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 ALLOWABLE

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 - Bbls.     | Water - Bbls.                                 | Gas - MCF  |

GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| 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 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 above  
is true and complete to the best of my knowledge and belief

|                                  |                       |
|----------------------------------|-----------------------|
| Signature<br>Darrell J. Carriger | Engineering Assistant |
| Printed Name<br>3/3/94           | Title<br>397-0431     |
| Date                             | Telephone No.         |

OIL CONSERVATION DIVISION

|               |                                 |
|---------------|---------------------------------|
| Date Approved | MAR 07 1994                     |
| By            | ORIGINAL SIGNED BY JERRY SEXTON |
| Title         | DISTRICT I SUPERVISOR           |

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