Submit 5 copies to Appropriate District Office

State of New Mexico Livergy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

<u>DISTRICT I</u>

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

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| Operator TEXACO EXPLORATION & PRODUCTION INC. | | | | | | | | | Well API No. | | | |
|---|---------------------------------------|---------------------------|--------------|---------------|--|---|--|--|-----------------------|-------------------|--------------|--|
| Address | | | | NC. | | | | i. | | 30-025-30967 | <u> </u> | |
| P.O. BOX 730 | , HOBE | S, NM 88240 | | | | | | | | | | |
| New Well | | Change in Transporter of: | | | | Other (Please explain) | | | | | | |
| Recompletion | | Oil Dry Gas | | | Dry Gas | CHANGE OF EATTERY LOCATION TO CENTRAL BATTERY | | | | | ΓRAL | |
| Change in Operator | | Casinghead Gas 🔀 Condensa | | | e | | | | | | | |
| If change of operator give name and of previous operator | address | | | | | | | | | | | |
| II. DESCRIPTION OF WEL | L AND I | EASE | | | | | | | | | | |
| Lease Name Well No. Pool Nam | | | | l Name, Inclu | iding Formatio | n | Kins | of Lease State, Federal or Fee Lease No. | | | | |
| VACUUM GLORIETA WEST UNIT | | | VA | CUUM GLOR | IETA | | ST | ATE | | B-1722-1 | | |
| Location Unit Letter | М | . 9 | 90 | Feet Er | om The | SOUTH Lir | ne and 805 | Feet | From Tho 1 | A/EST I | ina | |
| Section | | | ownship | | | | | | | LEA CO | ine DUNTY | |
| III DESIGNATION OF TOA | NODOD | TED OF O# | | | | | | | | | | |
| III. DESIGNATION OF TRA | | | | | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| Name of Authorized Transporter of Oil C Condensate T Condensate T Condensate T | | | | | | | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Name of Authorized Transporter of Casinghead Gas Dry Gas | | | | | | PO Box 2528, Hobbs, NM 88240 | | | | | | |
| Texaco E & P Inc./GPM Gas Corp. | | | | | Address (Give address to which approved copy of this form is to be sent) PO Box 3000, Tulsa, OK 74102/4044 Penbrook Av. Odessa, TX 79762 | | | | | 70762 | | |
| If Well Produces oil or liquid | Unit | Sec. | Twp. Rge. | | Is gas actually connected? | | | When? | | | | |
| give location of tanks | | С | 36 | 17S | 34E | YES | | | 1/25/ | 91 | | |
| If this production is commingle | d with tha | at from any othe | r lease or p | ool, giv | e comminglin | g order numbe | er: | | | | | |
| IV. COMPLETION DATA | | | | | | | | | | | | |
| Designate Type of Com | pletion | - (X) | Oil We | əll | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v | |
| Date Spudded | | Date Compl | . Ready to I | Prod. | | Total Depth | | | P.B.T.D | | | |
| levations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | | | | Top Oil/Gas Pay | | | Tubing Depth | | | | |
| Perforations | · · · · · · · · · · · · · · · · · · · | | | | | | | Depth Casing Shoe | | | | |
| | | | | | | | | | | | | |
| HOLE SIZE | CAS | IUBING SING and T | | | CEMENTING RECORD DEPTH SET | | | SACKS CEMENT | | | | |
| TIOLE SIZE | | | JING and T | ODING | | | | | | | JIZL | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| V. TEST DATA AND REQU | | | | 41 | | | | | | | | |
| OIL WELL (Test mus Date First New Oil Run To Tank | t be and | Date of Tes | | e or loa | ad oil and mi | | | | | or be a full 24 h | ours.) | |
| | | Date of Tes | • | | | Producing M | einoa (Flow, p | oump, gas lift, et | C.) | | | |
| ength of Test | | Tubing Pressure | | | Casing Pressure | | | Choke Size | | | | |
| Actual Prod. During Test | | Oil - 8bls. | | | | Water - Bbls. | | | Gas - MCF | | | |
| GAS WELL | | | | | | -1 | | The state of the s | -L | | | |
| Actual Prod. Test - MCF/D | | Length of Test | | | | Bbls. Condensate/MMCF | | | Gravity of Condensate | | | |
| Testing Method (pitot, back pr.) | | Tubing Stessure (Shut-in) | | | | Casing Pressure (Shut-in) | | | Choke Size | | | |
| | | | | | | <u> </u> | | | <u> </u> | | | |
| VI. OPERATOR CERTIFICATION OF THE PROPERTY OF | | | | | | | | | | | | |
| Division have been complied with a is true and complete to the best of | nd that th | information give | | | | | OIL C | ONSERV | /ATION [| DIVISION | | |
| is tide and complete to the best of | ny knowa | edge and beller. | | | | | | | | | | |
| Dall J. | Ly | | | | | | | | MΔ | R 07 199 | }4 | |
| Signature / | | | | | Date | Approved | <u> </u> | ירעונ | | | | |
| Darrell J. Carriger | | | ineering A | ssistar | nt | Ry | . | | | | | |
| Printed Name Title | | | | | ORIGINAL SIGNED BY JERRY SEXTON | | | | | | | |
| 3/3/94 | | 397 | -0431 | | | Title_ | | DISTRIC | SUPERV | SOR | 1 | |
| Date | | Tele | phone No | | - | 7! | - | | | | | |

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