State of New Mexico

Submit 5 copies to Appropriate District Office

Energy, Minerals and Natural Resources Department

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

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 TEXACO EXPLORATION & PRODUCTION INC.								Well API No.			
Address			<u> </u>		· · · · · · · · · · · · · · · · · · ·				30-025-30970		
P.O. BOX 730, HOB				·			·				
	Change in Trai	nsporter of:				Other (Please explain)					
Recompletion	Oil			Dry Gas	CHANGE OF BATTERY LOCATION TO CENTRAL BATTERY					TRAL	
Change in Operator	Casinghead G	as	_ <u>\</u>	Condensa	te [_] ··					
if change of operator give name and addres of previous operator	•										
II. DESCRIPTION OF WELL AND	LEASE										
Lease Name		Well No.	Poc	l Name, Inclu	ding Formation	l	Kind	of Lease State, Fed	eral or Fee Lease	e No.	
VACUUM GLORIETA WEST UNI	<u>IT</u>	48	VA	CUUM GLOR	IETA		ST	ATE		B-1056-1	
Location Unit Letter	p · g	15 F	Feet Fi	rom The	SOUTH Line	e and 800	Feet	From TheE	:Δ 2 Τ	Line	
Section 25		ownship				34E			LEA C		
III. DESIGNATION OF TRANSPO	RTER OF OIL	AND NATI	URAL	GAS							
Name of Authorized Transporter of	Oil		Con	idensate	Address (Give	address to wh	nich approved	conv of this for	m is to be sent)		
exas New Mexico Pipeline					Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528 Hobbs, New Mexico 88240						
Name of Authorized Transporter of	Casinghe	ad Gas]	Dry Gas					m is to be sent)		
Texaco E & P Inc/GPM GAS COR If Well Produces oil or liquids.	RP. Unit	Sec.	Twp.	Rge.	P.O. Box 30	000 Tulsa, Ok lily connected	74102/4044		. Odessa, TX	79762	
give location of tanks	C	36	178	34E	YES	illy connected	? Whe	n <i>r</i> 12/6/	90		
If this production is commingled with t	hat from any othe	r lease or p	ool, giv	e comminglin	g order number	r:	<u>_</u>				
IV. COMPLETION DATA		T		0114.8	T Man Mad 1	1 14/			T.,		
Designate Type of Completio	n - (X)	Oil We) 	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res	
Date Spudded	ded Date Compl. Ready to Prod.				Total Depth			P.B.T.D			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations					<u> </u>			Depth Casing	Shoe		
	· · · · · · · · · · · · · · · · · · ·	TUBING	, CAS	SING AND	CEMENTIN	IG RECOR	D	<u> </u>			
HOLE SIZE	CAS	CASING and TUBING SIZE				DEPTH SET			SACKS CEMENT		
		 -				·					
			-							···	
V. TEST DATA AND REQUEST I OIL WELL (Test must be at			a of los	ed oil and mi	set ha agual ta	or avacad to	n alleuvahle f				
Date First New Oil Run To Tank	Date of Test					thod (Flow, pu			r be a full 24 f	nours.)	
·								,			
ength of Test	Tubing Press	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbls.			Gas - MCF		
GAS WELL		-			-L ,						
Actual Prod. Test - MCF/D	Length of Te	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
Festing Method (pitot, back pr.)	Tubing Press	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFICATE O	F COMPLIANC				1	· · · · · · · · · · · · · · · · · · ·					
I hereby certify that the rules and regulation Division have been complied with and that is true and complete to the best of my know	s of the Oil Conserva	ation				OIL CO	ONSERV	ATION [DIVISION		
Signatura Monte C. Duncan	Enc	r Asst			Date A	Approved		MA	R 03 19	94	
		 -		· · · · · · · · · · · · · · · · · · ·	Ву	^					
Printed Name 3/1/94	Title 397-	-0418				ORIC	INAL SIGI	VED BY JER	RY SEXTO		
Date				····	Title _		DISTRIC	I I SUPERV	ISOR	T	
Date	Tele	phone No.			11						

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 ir. 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.