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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.	T	OTRA	NSP	ORT OIL	AND NA	TURAL GA					
Operator				API No.	2000						
Texaco Exploration and Production Inc. 30-025-31196											
P.O. Box 730 Hobbs, New Mexico 88240-2528											
Reason(s) for Filing (Check proper box) X Other (Please explain) New Well											
New Well Change in Transporter of: EFFECTIVE 6-1-91 Recompletion Dry Gas											
Change in Operator Casinghead Gas Condensate											
If change of operator give name and address of previous operator and address operator address operator and address operator and address operator an											
\mathcal{F}											
II. DESCRIPTION OF WELL AND LEASE											
Lease Name Central Vacuum Unit Well No. Pool Name, Including Formation Vacuum Grayburg San Andres State Federal or Fee B-1606											
Unit Letter : 1980 Feet From The South Line and 1231 Feet From The West Line											
Section 3 Township 175 Range 35E, NMPM, Lea County											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											
Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids, give location of tanks.	<u>i i</u>	Sec.	Twp.	Rge.	į į						
If this production is commingled with that f	rom any othe	r lease or	pool, giv	e comming	ing order num	ber:					
IV. COMPLETION DATA		Oil Well	(Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		1	<u> </u>		Total Dark		<u></u>		<u> </u>	1	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	s (DF, RKB, RT, GR, etc.) Name of Producing Formation					Pay		Tubing Depth			
Perforations						Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD											
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
·											
				-				<u> </u>			
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE		<u> </u>	· · · · · · · · · · · · · · · · · · ·		<u></u>			
OIL WELL (Test must be after re	covery of total	al volume	of load o	oil and must	be equal to or	exceed top allo	wable for this	depth or be j	for full 24 hour	s.)	
Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure				Casing Pressu	ire		Choke Size			
Actual Prod. During Test	al Prod. During Test Oil - Bbls.							Gas- MCF			
GAS WELL	<u> </u>	······································		· , =	L	 		<u>L</u>			
Actual Prod. Test - MCF/D	Length of Test				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					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date ApprovedUN 0 3 1991						
Maries						• •				<u>- V- </u>	
Signature M.C. Dungan Engineeria Assistant					By ORIGINAL SIGNED BY JERRY SEXTON						
M.C. Duncan Engineer's Assistant Printed Name Title					_	DISTRICT I SUPERVISOR					
7-8-91 39307191						i.	the strong of Gold Side and the second	Barto Bara (1995) en la propies		<u> </u>	
Date			phone N								

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.

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MAY 2 3 1991

COS OFFICE