to Appropriate District Office Submit 5 copies O Appropriate

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240 DISTRICT i P.O. Box Drawer DD, Artesia, NM 88210 DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico

- .rgy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AN

<u>l.</u>			NSPC		NU NATURA	L GAS					
Operator TEXACO EXPLOR			u	Well API No.							
Address P.O. BOX 730, HC									30-025-32263		
New Weil	Change in Transpo	orter of:				\square					
Recompletion	Oil				г	ש ר	- · · · · · · · · · · · · · · · · · · ·				
Change in Operator	Casinghead Gas]	CHANGE OF BATTERY LOCATION TO CENTRAL BATTERY				
If change of operator give name and addr of previous operator	ess										
II. DESCRIPTION OF WELL AN	ID LEASE			······································	<u></u>						
Lease Name Well No. Pool Name, Inc					uding Formation Kind of Lease State				te, Federal or Fee Lease No.		
VACUUM GLORIETA WEST UNIT 98 Location			VACUUM GLORIETA			······	STATE			B-2317	
Unit Letter		Fe	et Fro	m The	<u>SOUTH</u> Lir	ie and <u>53</u> 2	2Fe	et From The	AST	Line	
Section <u>35</u>	Town:	ship17	7 <u>S</u>		Range	34E	NMPM		LEA_C	OUNTY	
II. DESIGNATION OF TRANSF	ORTER OF OIL AND) NATUR		AS							
lame of Authorized Transporter of				ensate	Address (Giv	e addrose to	which an				
					Address (Give address to which approved copy of this form is to be sent) PO Box 2528, Hobbs, NM 88240						
ame of Authorized Transporter of Casinghead Gas 🔀 Dry Gas											
EXACO E & P INC./GPM Gas	ACO E & P INC./GPM Gas Corp.				PO Box 3000, Tulsa, OK 74102/4044 Penbrook Av., Odessa, TX 79762						
give location of ranks	/LII Produces oil or liquids, Unit Sec. Twp. Rge. location of tanks C 36 17S 34E				S gas actually connected? When?						
this production is commingled with				34E	YES			2/6/	94		
V. COMPLETION DATA		se or pool	i, give i	comminglin	g order numbe	r:					
resignate Type of Completion - (X)				Gas Well	New Well	Workove	r Deepen	Plug Back	Same Res'v	Diff Res'	
ate Spudded	Date Compl. Ready to Prod.					Total Depth			P.B.T.D		
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
eforations					<u></u>	<u> </u>		Depth Casing	Shoe		
	TU	BING, C	CASI	NG AND	CEMENTIN		RD				
HULE SIZE	CASING	CASING and TUBING SIZE				DEPTH SET			SACKS CEMENT		
					· · · · · · · · · · · · · · · · · · ·						
. TEST DATA AND REQUEST	FOR ALLOWABLE										
OIL WELL (Test must be	after recovery of total	volume o	fload	oil and mu	ist be equal to	or exceed	top allowable	for this depth o	r be a full 24 H	ours.)	
ate First New Oil Run To Tank	First New Oil Run To Tank Date of Test					thod (Flow,	pump, gas lift, e	etc.)			
ngth of Test	Tubing Pressure				Casing Press	ure		Choke Size			
tual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.			Gas - MCF			
AS WELL	<u>_</u>			····							
ctual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF Gravity of Condensate						
esting Method (pitot, back pr.)	Tubing Pressure (Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)					
					Casing Fress	ure (Snut-In) 	Choke Size			
. OPERATOR CERTIFICATE (hereby certify that the rules and regulatic mision have been complied with and that true and complete to the best of my knot	ons of the Oil Conservation t the information given above	e				OIL C	CONSER	VATION E	VISION		
//	Li										
gnature					Date A	\pproved	1	MAK U 7 1994			
Darrell J. Carriger											
inted Name Title 3/94 397-0431					By Title ORIGINAL SIGNED BY JERBY SEXTON						
J37-0401					Title UNIGINAL SIGNED BY JERRY SEXTON						

INSTRUCTIONS: This form is to be filed in compliance with rule 1104

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with rule 111.

Title

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 charges in operator, well name or number, transporter, or other such changes

Telephone No.

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

DeSoto/Nichols 12-93 Ver 1.0

DISTRICT I SUPERVISOR